Women's Experiences of Human Trafficking and their Conceptualisations and Requirements of 'Support.'

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Abstract

This research explores women's experiences of Human Trafficking (HT) and their understandings of the term 'support' in light of these. It explores what type of support they saw as being useful to them given their experiences. This study was necessary and timely given the publication of the 2015 National Referral Mechanism (NRM), the UK policy to protect survivors of HT, which requires services to provide medical, legal and psychological 'support' to survivors. It has been argued that these services can be limited, particularly psychology, given that they are built on professional conceptualisations of what is necessary and useful and neglect a survivor's perspective.

The study involved in-depth interviews with sixteen survivors of HT who were all within the NRM. Interviews were analysed using thematic analysis from a critical realist epistemology within a realist ontology. Three main themes were identified.

Theme One encompassed participants' grounding their understanding of 'support' in the context of their experiences of HT. Multiple intersecting forms of inequality and discrimination and the deceptive nature of HT were highlighted. Theme Two involved participants' accounts of both the injuries sustained from their experiences of HT and those perpetuated by their current experiences in the NRM. The third theme related to participants' hope that their experience of multiple injustice could be realised, recognised and understood in order to prevent and protect themselves and others from further harm.

Based on the analysis, implications for future research, policy and practice are considered. This research argues that clinical psychology needs to fulfil its legislative duty to address the health of survivors of HT within a human rights and violence against women framework.

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1. CHAPTER ONE - INTRODUCTION

Human Trafficking (HT) is a Human Rights (HR) concern that has been given increasing attention in recent years. This chapter explores available literature and highlights why HT is a critical issue for the profession of Clinical Psychology (CP). The international, regional and domestic communities have made efforts to define, legislate against and respond to HT. The chapter will begin by outlining these along with providing the current international definition of HT and the global scale of the problem.

The relevance of HT to CP will be explored through a consideration of the contextual complexities of what it means to be 'trafficked' across international borders for exploitation, the respective health implications and finally what CP has contributed to and implied when working in the arena of HT. It will argue that CP in the UK has not done enough to address these major human rights violations which have significant physical and psychological effects at every turn. As a profession, it will be highlighted that we must do more to implement our legislative duties and advance in the concerns, challenges and implications HT raises for survivors[1], in order to better meet their needs.

The chapter ends by summarising why this research is warranted and describing the research questions this study will address.

1.1 Literature Search Strategy

An electronic literature search was conducted on selected databases through EBSCO (mainly psycINFO and psycARTICLES), PUB-MED and Science Direct and Google Scholar. 'Human Trafficking' is also referred to as 'Modern Slavery' in the

[1] The term survivor will be used throughout this report as opposed to victim. This will honour the women interviewed in this study who asked that their survival of never ending discrimination, abuse and suffrage should be recognised and acted upon.

literature, specifically in the UK. It also can be considered an umbrella term for ‘sex tourism’, ‘forced labour’, ‘forced prostitution’ and ‘debt bondage’ (Goodhart, 2016). Women who have experienced HT can be referred to by a variety of terms in the literature. Common terms include: ‘adult,’ ‘female,’ 'victim', 'survivor' and ‘trafficked person’ or ‘modern slave.' People can be defined via the type of trafficking experienced such as ‘domestic servitude,’ ‘labour exploitation,’ ‘organ harvesting,’ or ‘sexual exploitation’. Different combinations of the terms were used with one of the following terms: 'modern slavery', 'human trafficking', ‘gender based violence,’ ‘prostitution’ ‘globalization’ 'legal framework', ‘clinical psychology’ 'psychosocial', 'trauma', ‘post-traumatic stress,’ ‘recovery,’ ‘reflection’ ‘coping’ ‘experiences,’ ‘survivor,’ 'health', ‘mental health’ or 'therapy.' Literature using terms ‘refugee,' 'asylum seeking,' and 'forced migrant' were only selected to distinguish and define HT. Care was taken to avoid using these search terms as HT is considered a separate category (Goodhart, 2016).

Literature was also found by searching the reference lists of sourced articles. Grey literature was reviewed by visiting webpages of Non-Governmental Organisations (NGOs) and other relevant International, European and UK policy webpages.

HT, because it is considered an international problem with implications for regional and domestic frameworks I made sense of the literature by organizing my searches by; International (UN), European (EU) or United Kingdom (UK). This is also the framework I will use to present the analysis of the search terms.

1.2 Human Trafficking Defined

There are competing interpretations of HT (Goodhart, 2016). However, the internationally accepted definition of HT was codified in 2000 in the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol) supplementing the United Nations (UN) Convention against Transnational Organised crime. This marked the first international agreement on the definition of HT and has since become a widely accepted standard and used in other international, regional and domestic instruments. The Protocol was signed by the UK in 2000 and ratified in 2006. Article 3 states:

> *"*Trafficking in persons" shall mean the recruitment, transportation…by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability …to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs". (UN General Assembly, 2000)

It was hoped that this definition would lead to the collation of more reliable data on HT, yet exact prevalence remains elusive (Zheng, 2010). Identification of HT remains hugely problematic (Zheng, 2010). The illegal and 'invisible trade' means the number of people who are still unidentified remains unknown. The huge variation in type and severity of HT as well as regional differences in means of identification, policy frameworks and prosecution all make collecting and recording accurate data difficult (Zheng, 2010).

As a result, there are a range of estimates globally for example, the (International Labour Organization, 2012) estimated 20.9 million people globally are in forced labour, bonded labour, forced child labour and sexual servitude at any given time. The UN 2016 Global Report detected a total of 63,251 victims in 106 countries and territories between 2012 and 2014 (UNODC, 2016). In 2014, based on the 17,752 victims detected a clear majority of 70 per cent were females (adult women and girls).

A consistent feature across available statistics is that adult women have made up the majority of internationally identified victims (UNODC, 2016). This would correspond with the structural and everyday levels of gender inequality. The international community has taken steps to legislate against and prevent HT.

1.3 Relevant International Legislation

HT is considered a form of modern slavery, and freedom from slavery is an 'absolute' right (which means the state can never withhold, take away or derogate from it under any circumstances).

The Universal Declaration of Human Rights (UDHR) 1946 states that;

> "No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms" Article 4. (UN General Assembly, 1948)

Also, relevant to HT is Article 1 which states;

> "All human beings are born free and equal in dignity and rights" Article 1. (UN General Assembly, 1948)

The prevalence data highlights how articles 1 and 4 are violated in circumstances of HT. HT is a gender-based phenomenon, specifically an internationally recognised crime predominantly against women. The UN conferences assisted states' attention to global women's inequality and legitimised issues of suffrage, equality and discrimination. HT is therefore considered a form a discrimination against women.

One notable example is the United Nations Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (UN General Assembly, 1981). It made general recommendations to States parties, as seen in Article 6, to suppress all forms of traffic in women. It acknowledged the discrimination of women and that this violates the respect for human dignity and principles of equality of rights. The UK ratified CEDAW in 1986. The Convention however did not explicitly mention violence against women and girls.

1.3.1 Human Trafficking as Violence against Women

'Violence Against Women' (VAW) became recognised as a specific global concern in the 1990s. The UN defined VAW in Article 1 as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to

women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (UN General Assembly, 1993) It was a category which served to build a transnational inclusive campaign and highlight the importance of state protection over bodily integrity for women and girls from any country, race, socio-economic background, gender and age. The category serves to bridge cultural differences and hold governments responsible for upholding the rights of women from both public and private perpetrated violence.
The Declaration on the Elimination of VAW (UN General Assembly, 1993) became the first international instrument explicitly addressing VAW providing a framework for national and international action. Historical gender inequality across poverty, migration, health, education, jobs and parity of pay (all of which can contribute towards increased likelihood to be trafficked (United Nations, 2015; Zheng, 2010) needed to be highlighted within international policy. HT was included as a form of VAW under the declaration.

The World Health Organisation (World Health Organisation, 2012) considers VAW a major public health concern. These international developments have important consequences on forming policy on HT for both the EU and UK.

1.4 Relevant Regional Legislation

The EU has responded to the UN directives in an attempt to prevent and legislate against HT.

To build on existing international instruments, the Council of European Convention on Action against Trafficking in Human Beings (CECAT) (Council of Europe, 2008) was entered into force. The Convention invites counter-trafficking measures and embedded laws to consider gender equality as central. The Convention requires States to take measures to reduce demand for cheap labour, with particular focus on sex services. Structural inequalities and discrimination as well as intersecting forms of discrimination must be considered in source, transit and destination countries. It emphasised that gender equality must be an overarching objective in all social, economic and legal policy and practice to prevent HT, prosecute offenders and to protect survivors.

The Convention outlines a number of rights for survivors. These include: to be identified, protected, assisted, and supported in a 'recovery and reflection period' of at least 30 days. Support was outlined within the Convention as access to safe accommodation, translation and interpretation services, legal advice, medical services, psychological services and material assistance, compensation, vocational training and employment opportunities (when a resident permit is granted), safe repatriation and return. This has important implications for the domestic instruments implemented in the UK.

1.5 Relevant Domestic (UK) Legislation

To fulfil the UK's duty under the EU directives to prevent HT, prosecute offenders and to protect survivors a number of recent progressive domestic policy developments, mainly the Modern Slavery Act 2015, have been undertaken. However, there are some imminent threats to these EU directives.

1.5.1 Brexit

The consequences for the British exit ('Brexit') from the EU on HT policy and practice are currently unclear because the terms in which the UK leaves the EU at the time of writing this report, have not been agreed. Certain issues can be considered in advance and others will only come into view later.

A key issue for leaving the EU was to tighten immigration and borders. Increasingly restrictive immigration policies, as seen in the Immigration Act 2016, could mean people fleeing desperate situations take increased risks to overcome borders, which can make them increasingly exposed to exploitation.

One of the most potentially concerning consequences of Brexit is that the majority of HR advances in legislation in the UK have been initiated as a result of European directives. The CECAT is one of the most extensive and specific pieces of legislation on the issue of HT. As noted above these directives enshrine obligations on the UK towards the prevention and prosecution of trafficking as well as the protection of survivors of HT, which includes the right to access legal and medical aid. To support

and protect victims international and regional co-ordination and co-operation is paramount.

The future is uncertain with regards to the implementation of EU directives and conventions post-Brexit. It remains a hot topic debated by lawyers because despite upholding what is already enshrined in many UN and EU instruments to which the UK is a party, their enforcement (tied to European structures) are questionable.

1.5.2 Prosecution and Prevention of Human Trafficking in the UK

The UK Crown Prosecution Service (CPS), the prosecution authority in the UK, adopts an approach which locates HT within its wider overarching VAW strategy. The CPS (Crown Prosecution Service, 2016) has monitored all identified cases of HT from 2010. The volume of HT prosecutions completed in 2015-16 reached 295. Where gender was recorded 78.2% of those defendants were male and 21.8% were female, and 60.6% of those victims were female and 39.4% male. The VAW strategy acknowledges the gendered dimension of HT and views crimes within the context of power and control, in accordance with the CECAT.

The Modern Slavery Act (2015) was introduced to consolidate existing offences and increase prosecution and prevention of HT. The Act uses the term 'modern slavery' interchangeably with HT, both of which refer to the international definition provided by the Palmero Protocol. This research will use the term HT to ensure an international perspective.

1.5.3 Identification and Support of survivors of Human Trafficking in the UK

The UK developed a framework, 'The National Referral Mechanism (NRM)' (National Crime Agency, 2011), for identifying victims of HT and ensuring they received appropriate support. Three thousand eight hundred and five survivors (51% female) were reported to enter the NRM in 2016, from 108 different countries and most commonly for the purposes of labour and sexual exploitation (National Crime Agency, 2015). The volume of referrals from police in 2015-16 has risen by 17% comparative to the previous year. Albania and Vietnam are the most common countries of origin.

Through the NRM all suspected survivors of HT must be referred for a decision to consider whether the individual is a victim of HT. Figure 1 outlines the process once entering the mechanism.

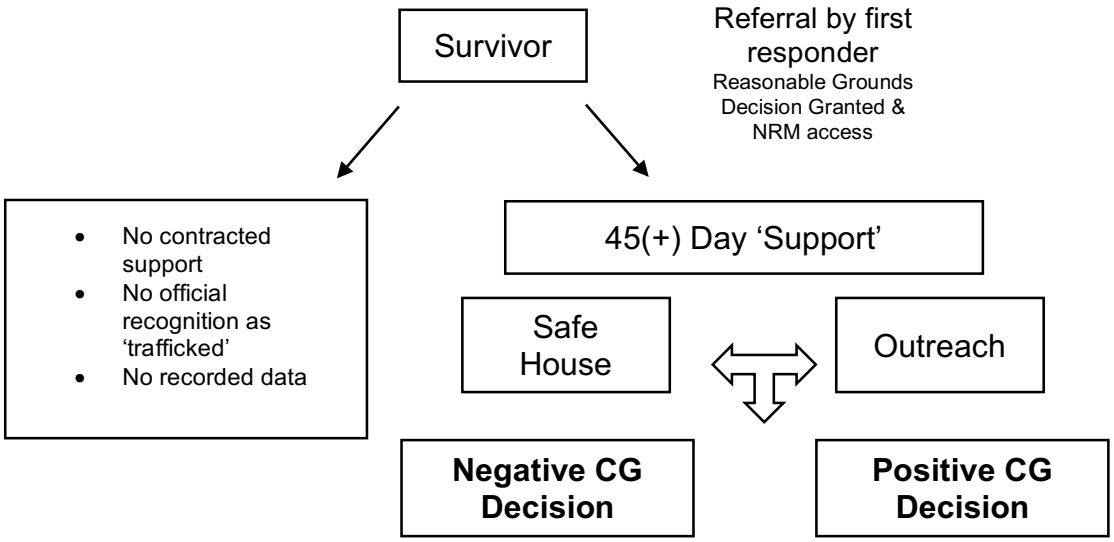

Figure 1. NRM Referral Process

The NRM outlines that Government funded safe house accommodation should be available during the 45-day 'recovery and reflection period' (National Crime Agency, 2011) as well as social, medical, legal and psychological 'support'. There however are currently no Government guidelines to outline or standardize what precisely qualifies as 'support.' The Government suggests that this period is granted to enable survivors to begin to "recover from their immediate physical or psychological trauma and reflect on what they want to do next" (National Crime Agency, 2011). An example suggested is to co-operate with police. This makes an appeal for victims to provide information in order to facilitate a prosecution case. It remains questionable as to whose interest this serves because despite the focus on the recovery, this period has legal significance as it is the period in which evidence is collected and reviewed to enable a "Conclusive Grounds" (CG) decision to be made. A CG decision means that overall there is sufficient information to decide that the person is legally deemed a survivor of HT. Individual cases vary significantly and therefore the

timescale for making a CG decision and moving people out of the support will be based on the individual circumstances of the case.

A review of the NRM highlighted the varied nature of how ‘support’ translates into practice and how this is often largely determined by the agencies involved with the individual (Oppenheim, 2014). The review suggests support must be related to need and because cases of HT are all unique (albeit with common themes) a one size fits all approach is not appropriate. There is no formal audit or inspection of support therefore data on the outcomes of what has been achieved during this period is unknown.

The review reported that at the end of the 45-day period survivors had been failed by the process (Oppenheim, 2014). This is because they go from NGO facilitated provision to having to independently negotiate their exit from support services in either 14 days or 48hours. They are required to either return to their country of origin or reintegrate into mainstream public services depending on their CG decision. The NRM was criticized for not providing a standard approach for linking NGOs with local authority support services and that little time and effort had been given to considering whether justice and reparation was important for survivors.

The review made recommendations to increase both the recovery and reflection period to 90 days as well as the length of exit times (Oppenheim, 2014). It recommended the development of a ‘survivor support pathway’ in the UK in order to ensure that outcomes for survivors were improved and that their long-term recovery was protected and maintained. At the time of writing, this pathway has not yet been developed.

The review clarified the need for improvement in survivor support however the UK Government’s financial commitment to this is yet to be observed. The most recent agenda set by the Prime Minister, Theresa May, was to set up the first Government task force on modern slavery and provide £33 million from the aid budget to create a 5-year International Modern Slavery Fund (Prime Minister’s Office, 10 Downing Street, The Rt Hon Theresa May MP & Home Office, 2016). May discussed her three aims of raising awareness of HT, improving the criminal justice system and

strengthening support for victims. Support[2] for victims however appears to economically fall short in these agendas with the focus endlessly aimed at improving crime and prosecution through coordination of intelligence, police, border and immigration agencies.

1.6 Relevance to Clinical Psychology

The term 'support,' as discussed, came from EU policy and is repeatedly referenced throughout the literature to refer to the rights of survivors to be provided with access to multiple intersecting health, legal and social care services. How each discipline has come to understand the term beyond access has not been specifically addressed. The literature however has researched the potential vulnerabilities survivors may face after experiences of HT and from this professionals within their respective fields of expertise, have provided some potential useful methods to address these. This research takes a particular interest in mental health as a dimension of support and therefore a review of the health literature was important. In reflecting on what 'support' means, this section specifically considers; the unique contextual complexities of HT as a form of VAW, the respective health implications as well as CP's contribution to working in the arena of HT. These are important to understand why 'support' is both relevant and of interest and will further provide the background for the justification of this research.

1.6.1 Understanding Human Trafficking in Context: A Grotesque Global Injustice

HT is one of many forms of VAW which can manifest along a continuum of multiple, interconnected and recurring forms of physical, sexual and psychological/emotional violence, economic abuse and exploitation. Survivors of HT have often suffered multiple and severe acts of discrimination and deliberate violence including abduction, deception, threat, and abuses of power (UN General Assembly, 2000). These must be considered in the context of systemic disadvantages, historical and recent imperialism, patriarchy and global inequality. A comprehensive global understanding of the vast and complex intersecting contexts conducive to HT is

[2] The term support will be used throughout the study as it is the terminology used in the NRM and HT legislation and policies (National Crime Agency, 2011).

beyond the scope of this research, however I will draw attention to some of the social inequalities, violence and discrimination that can cause and maintain HT.

HT represents powerful global widespread oppression, because of its history and meaning in a society. It perpetuates the ideology dating back to the slave trade in which property law was applied to people (Brace, 2004) such that they could be commodified and therefore bought and sold as a form of property. Slavery can be traced back, as an established institution to almost every ancient civilization and society and is subsequently seen throughout history and to date in one form or another, hence the term 'modern slavery.' It is important to note the colonial history of slavery in the context of race and gender because for slavery to flourish, social differentiation or stratification is essential (Sofroniou, 2016). Entire social groups, through history, economic policies and political ideologies have been taught to think of themselves as 'being of' a class, ethnicity, religion, gender, culture and nationality which permits a sense of superiority (Dorling, Wilkinson, & Pickett, 2015).

Historical and recent wars and political unrest often instigated by imperialism can often push people to flee their country if they consider their own, or their families', lives to be endangered (Kempadoo, Sanghera, & Pattanaik, 2011; Turner, 2011; Zheng, 2010). People are increasingly likely to become displaced or be at risk of HT within emergent, current and post conflict contexts. Further political unrest, corrupt governments and conflict can destabalise a country's economy. Structural adjustment policies in 'developing' countries and the large-scale privatisation of state assets in Eastern Europe both saw significant effects on their respective economies, specifically on gender segregation in labour markets (Turner, 2011).

Poverty is a significant context to HT because if people do not have the opportunity for employment or public assistance, to make a sustainable living within their country of origin they can be pushed to consider alternative means to seek economic security for themselves or their families (Turner, 2011; Zheng, 2010). The global gender disparity in poverty and discrimination in the labour markets (*Women at Work Trends 2016*, 2016) can account for some of the large proportions of women migrating. Global inequalities in access to economic resources underlies gender disparities in poverty. The United Nations, (2015) reports that the majority of those

living below the poverty threshold are female and that women typically have less access to jobs, especially in formal sectors and still experience inequality in pay. In developing countries, statutory and customary laws can restrict women's access to land, assets and inheritance, and women's control over economic resources can be limited (Turner, 2011).

For some people family loyalties, responsibilities or threats can be contexts in which HT may occur. The diversification of family arrangements, including an increase in one-parent families due to separation or death can increase vulnerability to be recruited (Hodge, 2014; Turner, 2011; Zheng, 2010). Gender-based violence in homes, family illness or being a member of a minority groups which already suffers discrimination and marginalisation as a result of minority status can attract women to alternative arrangements. Family poverty or debt can facilitate a context in which someone is trafficked by their own family (Turner, 2011; Zheng, 2010). Migration and exploitation can also be encouraged through socially constructed notions of domesticity and femininity. These can serve to increase the likelihood of women to: accept deceptive offers of alternative lifestyles; not challenge exploitative work; and limit their return and integration back into their communities.

The unequal impacts of globalization and political and economic policies which promote benefits to some and financial crises to others (Annan, 2002) have caused large numbers of people to leave their homes. Given the global nature of the problem, it would not be surprising if all countries of the world are implicated in at least one (if not all) of the trafficking process. For example, increasingly restrictive immigration policies in wealthier states and limited opportunities for legal migration especially for those from economically disadvantaged countries can increase the search for alternative means for migration (Turner, 2011; Zheng, 2010). Affluent countries, can have increased opportunities for better access to employment, improved housing and healthcare alongside increased demand for more and cheaper goods and services specifically in sectors of work socially constructed as 'typically female' (Turner, 2011; Zheng, 2010). These include increased demand for cheaper domestic workers, care work and sexual services.

Increased demand in an increasingly globalized world can promote increased consumption of cheaper goods at the economic expense of others (Dorling et al., 2015). The notion that people can be bought and sold like other products and services is specifically relevant to women and girls, whose bodies can be objectified, selected, exploited for sexual service and hence commodified. HT can be considered a hugely profitable business because people's bodies and services, unlike drugs, can be sold and re-sold numerous times for high prices into labour or sexual exploitation (Keck and Sikkink, 1998). This denigration of humanity, specifically women who have been enslaved, promotes and perpetuates patriarchal ideologies of individualism suggesting some people's lives are deserving of freedom whilst others are undeserving.

Survivors of HT have often suffered severe recurrent physical, sexual, and psychological abuse including rape, torture, confinement, loss of freedom, humiliation, isolation and use of illicit substances (Zimmerman & Borland, 2009; Baldwin, Fehrenbacher, & Eisenman, 2014; Zimmerman, Hossain, & Yun, 2006; Tsutsumi, et al., 2008). The insanitary and hostile conditions of the exploitation can often involve forced work in the sex industry, agriculture, factories or domestic servitude, often over prolonged periods (Doherty & Morley, 2013). Zimmerman et al. (2006) reported that of 207 women that were interviewed about their experiences of physical and sexual violence 76% had been physically assaulted by traffickers and 90% had reported having been forced to perform sexual acts. Seventy-seven percent reported that they were "never free" to do what they wished and 89% of the women endured threats of beatings, increased debt, harm to their families, re-trafficking and death. Women reported being burned with cigarettes, being punched or hit with bats or other objects, having their head slammed against walls, being dragged by their hair and kicked while pregnant.

Research from survivors of torture (Patel, Kellezi, & Williams, 2011) may also indicate that survivors of HT could experience economic exploitation as well as social and political marginalization and persecution. (Zimmerman, Hossain, & Watts, 2011) reported that many survivors of HT are often unaware of their location or legal rights and may not speak the same language as those in their destination country, nor be familiar with its customs or culture. The extent to which all methods of

violence are used and the impact of these is dependent on the multiple cultural, socio-economic and political contexts within which the recruitment, transportation, exploitation, release and potential re-trafficked stages of HT occur.

Overall the aims of HT however can be to systematically and deliberately, oppress terrorise and control people (UN General Assembly, 2000). Methods of violence described can be employed to “break victims psychologically” (Hodge, 2014, p113) in the sense that they can become increasingly isolated, dependent on and subservient to their trafficker. HT can destroy personal agency, trust and social bonds (Hodge, 2014). Induced constant and heightened states of fear, disorientation and confusion along with methods designed to maximise uncertainty and unpredictability can be employed with the purpose to dehumanize, humiliate, degrade and attack the person’s gender, ethnic, religious or personal identities and beliefs (Patel, Kellezi & Williams, 2011). Women’s bodies are appropriated to further economic aims, becoming the politically, economically and culturally legitimised vehicles for the oppression of all, men and women.

As discussed, violence that damages women’s physical integrity and human dignity can be considered to increase the supply of slaves and meet the demands of their superior counterparts (Holzman, 1994). VAW can become a tool of business, a way of redefining citizens as consumers and controlling women as sellers, reproducing the power differentials that sanction the construction of women’s bodies as commodities which can be bought, sold and owned by a man. Feminists have long considered VAW as a means of maintaining patriarchal control and women’s subordinate status in the social order (Bunch, 1990). It is not that HT exclusively targets women and does not affect men, quite the contrary, but the main distinction remains that HT is perpetrated within the context of the historical, socio-cultural and political subjugation and denigration of women, constructed as less than fully human (Patel, 2008).

HT remains an undefeated crime against humanity. Despite progressive legislation, a lack of coordinated legislation to criminalise HT and the challenges it presents in achieving successful prosecution of traffickers is an ongoing problem (Goodhart, 2016). Equally untransformed State policies and economic contexts means survivors

can return to situations of corruption and debt bondage (Turner, 2011). Furthermore, untransformed gender relations and continuing inequalities and discrimination against women in the labour market can mean women can continue to be both trafficked and re-trafficked.

The context of HT has been explored. I will now present a review of the respective health implications, as health vulnerability and restoration have been considered an important dimension of support. It has been considered critical in understanding how healthcare professionals can effectively support women's recovery of their physical and mental health following experiences of human trafficking.

1.6.2 Understanding survivors' health: The Impact of Injustice

The health sector, particularly CP, has contributed little to HT dialogues and therefore it can be argued that the health of survivors can often become overlooked (Morrison & Crosland, 2000; Zimmerman, Hossain, & Watts, 2011).

HT has been considered to impact upon various domains of wellbeing including; physical, psychological, social, spiritual and inter/intra-personal aspects (Zimmerman & Borland, 2009; Baldwin et al., 2014; Zimmerman, et al., 2006; Tsutsumi, et al., 2008). It has been noted that there is no specific set of physical or emotional experiences that serve to delineate victims of HT (Hodge, 2014), however it has been associated with a host of health complications, unwanted pregnancies and untreated chronic medical conditions (Zimmerman, et al., 2006; Zimmerman, Hossain, & Watts, 2011).

Zimmerman and colleagues (2011) propose a conceptual model, the 'Stages of the Human Trafficking Process Model' to highlight the health vulnerabilities, risks and intervention opportunities across the migratory and exploitative nature of the trafficking process. The model depicts the cumulative nature of physical and psychological harm posed from the multiple and compounding threats to physical or psychological health.

The psychological literature, albeit limited, on the impact of HT on mental health (MH) of survivors is littered with the quantitative studies documenting the percentage of survivors who meet the criteria for a psychiatric diagnosis such as anxiety,

depression, and Post-Traumatic Stress Disorder (PTSD). A systematic review (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012) demonstrated this by using a variety of screening tools (Structured Clinical Interview [SCID] for DSM-IV Axis I Disorders to The Brief Symptom Inventory, the Harvard Trauma Questionnaire and the PTSD Checklist Civilian) and found varying levels of anxiety (48.0%–97.7%), depression (54.9%–100%), and post-traumatic stress disorder (19.5%–77.0%) in survivors. Similarly a recent study reported that out of ninety–eight women in post-trafficking services 59.2% were reported to have suffered from PTSD (Oram et al., 2016).

Qualitative research, to some extent, has attempted to go beyond diagnosis to suggest survivors can suffer a range of multiple intersecting emotional difficulties. These may include; hostility, self-harm, suicidal ideation, fear, grief, memory loss, substance use and abuse, dissociation, insomnia, guilt, shame, mistrust of others, social withdrawal, loneliness, loss of self-esteem, a sense of apathy or resignation, extreme forms of submissiveness to authority, and loss of personal initiative and autonomy (Clawson, Dutch, Solomon, & Goldblatt Grace, 2009; Yakushko, 2009; Gajic-Veljanoski & Stewart, 2007). A recent study (Beddoe, Bundock, & Jardan, 2015) reported that increased isolation and risk of future harm were the dominant themes that arose when asking 10 adult women survivors about their experiences of exiting the NRM process and safe houses. They reported that women discussed a desire to start a new life, contribute towards society and become self-sufficient however upon exiting the safe house the limited social care support and transition meant many had experienced social isolation, abandonment and deterioration in their Mental Health (MH).

The Trafficking Survivor Care Standards (Andreatta, Witkin, & Robjant, 2015), a non-governmental blueprint for service providers, stress the complexity of psychological difficulties which include ‘trauma’ and ‘Complex PTSD’ in the range of health difficulties survivors can present with. The standards suggest that identification of MH difficulties and the provision of long-term therapy (where necessary) are the most effective routes to sustained ‘recovery.’

The health literature discussed so far demonstrates the severe suffering that can be sustained during and after experiences of HT. The health literature however fails to demonstrate what is considered 'supportive' to women's health, from their perspective, whilst in the NRM. There is no literature to date which specifically considers what survivors feel they require to promote their physical and mental wellbeing and therefore this research aims to fill that void. I will now critically analyse the health vulnerability and recovery literature and explore how mental health services, particularly CP, have predominantly constructed, understood and responded to these.

1.6.3 Framing Human Trafficking as a Mental Health issue: Sanitising the Suffering of Injustice

As discussed CP has largely remained silent on the subject of HT. However, as section 1.6.2 highlighted the rare occasions this silence has been broken has led to a visibility of injury simply at the individual psychological level, and invisibility of the context described in section 1.6.1. In turn activities and legal remedies to address social inequalities and VAW have been largely ignored by CP and MH professionals. How has this been possible? As demonstrated in section 1.6.2 MH and the Government in the NRM policy (National Crime Agency, 2011) has applied the medical metaphor of 'PTSD' and psychological metaphor of 'trauma' to survivors of HT (Andreatta, Witkin, & Robjant, 2015; (Zimmerman & Borland, 2009) however this organises, sanitises and de-politises women's suffering.

Medical discourse, according to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) suggests survivors are suffering from PTSD meaning a psychiatric injury resulting from exposure to a traumatic or stressful event which produces nightmares, flashbacks, and 'trauma-related thoughts.' CP, with resounding similarity, predominantly considers 'trauma' as a sustained injury to the individual's psyche that occurs as a result of an overwhelming amount of stress that exceeds one's ability to cope following a severely distressing event (Herman, 2015;Oxford Dictionaries, 2010). These medical and psychological explanations which construct collective gender-based violence as a gender-neutral individually embodied suffering and vulnerability conflate acts of violence and its effects (Patel, 2011; Summerfield, 2004). The failure to attend to the multifaceted and

interconnected contexts of HT described in section 1.6.1 frames HT as an individual pathology. The consequences of this can be to (a) reduce the unique meaning survivors may give to their experiences and (b) influence the social, professional and political responses to HT.

The dominance of theorising suffering as 'trauma' and 'PTSD' can neglect how survivors make sense of, and respond to their own experience of HT. It implies a single, uniform and universal experience of HT and respective suffering. This can obscure the diverse and multiple contexts (race, gender, culture, religion) that influence survivors' experiences and their subsequent understandings and responses to these (Patel, 2011). In the same way, the suffering resulting from VAW is made analogous to that of various traumatic events such as childhood sexual abuse or road traffic accidents. This is not debating the essential relativity of human suffering, but simply highlights how the complex and integral social, political and economic contexts described in in section 1.6.1 become dissolved and neutralised by notions of 'trauma' and PTSD. The act of HT becomes powerful because of the contexts within which these acts are perpetrated, experienced and understood (Patel, 2011). HT is therefore not primarily an act of individual psychological injury, despite it being conceived as such, but is first and foremost an act of VAW.

The particular meanings women ascribe to suffering after VAW are inevitably shaped by the various contexts discussed including their culture (Kalra & Bhugra, 2013) . For example Holzman (1994) found that African American women had primarily understood rape within the historical and cultural context of slavery, considering it an economic tool. Kumari (1995) suggests women in rural Indian cultures can often regard their female sexuality as one owned by males (husbands, fathers), therefore VAW could be understood in the context of historical and cultural patriarchal control. The way in which survivors understand suffering can have an effect on how they communicate respective suffering. Mollica et al (1998) highlighted the lack of cross-cultural validity of western tools to measure suffering when they found 90% of the tortured group Vietnamese refugees satisfied criteria for PTSD, however so did 79% of non-tortured Vietnamese refugees. Zimmerling (2003) similarly demonstrated how shame and guilt were considered social rather than internal experiences across 'sociocentric' cultures. These studies contradict the mechanistic view of human

suffering, one that suggests that the traumatic effects of violence are to be found inside a person and from which a person recovers as if from an illness (Patel, 2011).

Psychologizing meaning making risks being imperialistic suggesting people's own knowledge of suffering and the responses that they have traditionally relied on is useless or second rate (Summerfield, 2004). This can reproduce similar power differentials discussed in section 1.6.1. (Patel & Fatimilehin, 1999) and argue that the 'blanket imposition' of western psychological theories to refugee people can course secondary colonisation, whereby the already marginalised can be oppressed in the pretext of professional 'support'. Health professionals do have a duty to recognise and respond to the suffering of HT survivors, however this duty must include attention to what the survivors themselves mean and want to signal by it. Therefore, survivor's understandings and perspectives must be researched and privileged.

A dangerous implication of understanding survivors' distress through psychological constructions of trauma and PTSD is that health professionals and lawyers can use these to demonstrate the severe and enduring impact of HT which further conflates acts of violence with their effects (Patel, 2011; 2008). HT becomes synonymous with trauma which leads to a dangerous assumption that HT can only be reliably indicated if the survivor presents with 'trauma.' Psychologists and lawyers become complicit in this strategic fantasy that an experience can only be legitimized through the demonstration of western conceptualisations of trauma. This can also in turn serve to further reify constructions of trauma and serve to assume that psychological 'support' means an amelioration of 'trauma,' an assumption (in the context of HT) which has not to date been contested by research.

The symbiosis of HT and 'trauma' has previously implied that given the 'appropriate treatment' over a given length of time individuals could 'recover' (Foa & Rothbaum, 2002) from injuries sustained from VAW. CP can then be called into the fairly limited yet powerful role to 'treat' a process whereby emotional distress (as an explicit problem of individualized identity) becomes the focus of attention rather than that of structural inequality, historical patriarchy and discrimination against women. As a result, CP can fail to adequately theorise and address gender oppression,

commodification and persecution of women. This is not in line with legislative duties which require all practice to be politicized under the VAW frameworks.

Recovery can subsequently be recognised as an individual's responsibility, whereby change is located within their personal identity rather than influenced by wider social change (Boyle, 2011;Smail, 2010). Suffering can become socially, economically and politically neutralized and sanitized and the historical and socio-political contexts within which HT occurred are left unchallenged and condoned (Patel, 2002). The capacity to self-transform independent of social, material and political context can be assumed within this metaphor of 'trauma.' However, this approach in relation to survivors of HT is somewhat redundant considering that the wider material and structural reality of the world is both responsible for women's initial transformation to being considered a HT survivor with trauma and their transformation to be considered human (Smail, 2010). Survivors are dependent upon NRM 'support' to access to basic human needs.

Arguably considering survivors of HT as survivors with 'trauma' can reinforce wider neoliberal policies which devolve power and responsibility at the level of the individual rather than the State (Smail, 2010). HT becomes de-politicised such that the social power and responsibility to effect wider structural change remains restricted (Patel, 2008) and again international, regional and domestic policy obligations to address VAW are neglected. Relevant here is perhaps Mollica's (1992) concern that the lack of psychological approaches applicable to torture survivors demonstrates a lack of survivors' own political, social and personal need being expressed. Considering the lack of literature beyond that perpetuating notions of 'trauma' in CP for survivors of HT, suggests the same critique could be applicable here.

The literature review suggests that CP undoubtedly has a duty to contribute towards the health implications of HT (Task Force on Trafficking of Women and Girls, 2014), however it equally demonstrates the limitations of CP's capacity to meet the unique needs of survivors of HT and its legislative duties to offer an integrated, social and political response.

Chapter Summary

From the literature reviewed, policy and research acknowledge that supporting women's wellbeing remains critical for the integration, restoration and protection against re-trafficking (Zimmerman et al., 2011; Hodge, 2014). However, it is evident that there are multiple gaps in our knowledge in relation to how psychological conceptulations of suffering and support can apply to a population of women survivors of HT.

1.7 Rationale for the Study

This research will address HT as an example of VAW (CPS, 2015); therefore, all participants in the study will be women. This also supports the prevalence data that consistently identifies women as the highest percentage of survivors that are entering the NRM (National Crime Agency, 2015).

In reviewing the existing literature and legal instruments, it is clear that there is a lack of clear conceptualization of what 'support' means, specifically from survivors' perspectives. Therefore the medical, legal, psychological and social 'support' available during the 45 day 'reflection and recovery period' (National Crime Agency, 2011) is currently drawn from NGOs, heath and legal professionals' understandings of what is necessary or useful. This research aims to challenge this current position.

Given that survivor informed conceptualisations of 'support' have not been researched, survivors' perspectives are absent in the development of supportive services in the UK (Hodge, 2014). Depriving women of a voice in development and decision-making can serve to reinforce the loss of control, entrapment and invisibility they may have faced. The Home Office proposal for development of the NRM support pathway (Oppenheim, 2014) and the increased demand for information by policy makers and service providers means that the need for greater clarity of what support means is urgent and timely. This research seeks to address the gaps in the literature and in understandings by lawyers and clinicians on what support means to survivors, within the context of what survivors have experienced.

This research also seeks to address criticisms of existing literature which privilege dominant western diagnostic discourses of trauma such as 'PTSD' and 'trauma' which reify and conflate the act of HT with its effects (Patel et al., 2011). It seeks to explore women survivors' own views on what they view as 'support'

Although quantitative studies can highlight the scale and severity of survivors' health needs it neglects to provide the context in which these health needs are situated. The exception to this is Beddoe et al.'s (2015) study which put health needs into the context of post-NRM exit. This however fails to focus specifically on what survivors

understand by support as well as consider the needs of women currently within the NRM. Therefore, how women survivors of HT understand what they need as support to manage has consequently not been researched. A qualitative understanding of survivor's psychological needs is necessary.

1.8 Research Question

The research question is:

"How do women frame their understanding of support and within this what type of support do they see as being useful to them?"

2. CHAPTER TWO: METHODOLOGY AND METHOD

This chapter describes my approach to this research. I will begin by describing the philosophical underpinnings and objectives and their relationship to both the methodology and methods used. I will go on to outline the procedure of the study, including information about the participants, recruitment and the data collection and analysis.

2.1 Philosophical Assumptions and Epistemology

I understand that I, as a researcher, have played an active role in both influencing the approach to this research and responding to the data produced (Braun & Clarke, 2006). These decisions have implications for the 'knowledge' generated. The decisions I have made have been directed by my evolving ideas about the nature of the knowledge.

Two areas of philosophy are relevant in determining the research aims and methods; these are ontology and epistemology. Ontology can refer to the 'study of being' and is concerned with the nature of reality (Blaikie, 2009). It considers whether social entities need to be perceived as objective or subjective, such that social phenomena and their respective meanings either have an existence that is independent of social actors or conversely continually constructed by social actors (Willig, 2016; Bryman, 2012). An ontological stance refers to the researcher's position on what exists. This will inform the researcher's position on the extent to which the data produced in the research will reflect reality, the epistemological stance (Harper, 2012). Willig (2013) considers epistemology to be the theory of knowledge, what it is possible to know and the reliability and validity of knowledge.

My ontological and epistemological stance are considered important because they informed my decision on choosing a methodology and method consistent with the stated positions (Harper, 2012).

2.1.1 Adopting a Critical Realist Epistemology within a Realist Ontology

This study adopted a critical realist epistemology within a realist ontology (Matthews, 2014). A realist ontology makes the assumption that social and material structures and processes have an existence which is independent of what might be known about them (Willig, 2016). This research therefore assumes HT, the policy and legal instructions and support structures objectively exist. It also has realist aspirations to ask research questions about what survivors think about support which assumes the research can access and represent their lived realities in some form (Willig, 2016). However, this is not a commitment to the idea that there is a direct correspondence between aspects of objective reality and our knowledge of it. Instead, what is possible to know is covered by adopting an epistemology stance (Harper, 2012).

A critical realist epistemology approach lies between realism and relativism (Willig, 2016). Realism takes an objective position that data resulting from the research directly reflects reality and subsequently considers that there are knowable truths to explore. Alternatively, relativism proposes that truth is constructed and there are multiple interpretations of the same data (Harper, 2012). A realist ontology and critical realist epistemology can combine the realist hope to gain a better understanding of what exists in the world with the acknowledgement and humility the data may not provide direct access to reality (Willig, 2013). Adopting this approach should allow a focus to be placed on what women say whilst acknowledging the social, economic, political and cultural contexts from which they speak. It can also draw attention to the potential impacts these contexts may have on how survivors make sense of their experiences and what support means to them. Knowledge provided by survivors will be privileged because of their lived experience and the potential implications having direct relevance to this population.

2.2. Methodology

Methodology can refer to a “general approach to studying research topics” (Silverman, 1993, p. 1).

2.2.1 Qualitative Approach

Qualitative methodologies can provide “illumination and understanding of complex psychosocial issues and are most useful for answering humanistic ‘why’ and ‘how’ questions” (Marshall, 1996, p.522). They are also adaptable to a range of epistemological positions (Willig, 2013) and can offer a voice to those that have been ostracised. This is particularly pertinent given that women survivors of HT have often been silenced or spoken for (Kempadoo et al., 2011). As discussed, the absence of survivor-informed definitions of support in the context of HT and the high volume of research and policy driven by quantitative research has resulted in conceptualisations of support that are not shaped by understandings and experiences of survivors. This indicates the suitability of qualitative methodology.

2.2.2 Reflexivity

Reflexivity can be considered as the researcher’s consideration of their influence on the knowledge produced and the research process (Willig, 2013). Throughout this research, I have engaged in personal, epistemological and linguistic reflexivity (Willig, 2013), by having regular supervision and keeping a research journal. Reflexive commentary will be woven throughout this report and a detailed account will be provided in Chapter Four.

2.3. Method

The method can be defined as “a specific research technique” (Silverman, 1993, p. 1).

2.3.1. Recruitment

A snowball sampling method was employed through word of mouth within HT NGOs and across lawyers. Recruitment sites were approached and recruitment advertisement sheets provided (Appendix A). The NGO services and support workers were informed about the study via telephone and information sheets (Appendix B) were sent in English to them to read through with participants. The potential variety of languages and funding limitations meant forms were not translated into each respective language. Support workers were asked to explain the

research via an interpreter, this was made possible through regular contact with interpreters in person and via telephone.

Survivors considered interested in participation were given the opportunity to meet with me and an interpreter (when necessary) in person. During this meeting, the relevant information sheet was explained enabling survivors to understand what the study entailed and provided an opportunity to ask any questions they had in relation to the study. The women were not obliged to consent after hearing more details about the study.

On agreement to participate, participants were asked to sign a consent form (Appendix C) before proceeding with the interview. Interpreters were briefed by myself prior to meeting participants and were provided with an orientation to the research, given a written guidance sheet (Appendix D) and were required to sign a confidentiality agreement (Appendix E). The BPS (2008) guidance on 'Working with Interpreters in Health Settings' was followed.

Participants were recruited from NGOs in London and the South East England. Participants were recruited from three NGO services; Medielle Trust (n=9), Hestia (n=6) and Migrant Help (n=1). Two interpreters were recruited from the respective NGO the participants had been recruited from. It was considered that participants would be more likely to trust interpreters they had been introduced to before. Interpreters recruited from the organisation were formally vetted and appropriately qualified.

2.3.2. Sample

All participants in the study were female and over 18, their ages ranged from 20-42 years old (median = 33.5). All participants had been granted access to the NRM and were therefore receiving services from NGOs as well as legal support and representation. Participants were excluded if the interview was considered (by their legal representative) to compromise their legal case. Participants were from diverse ethnic backgrounds. These included; Albania, Nigeria, Vietnam, Sierra Leone, India, Bangladesh, Malawi, South Africa and Senegal. For some of the participants' their primary language was English, whilst for others English was their second language.

A professional interpreter was offered to all participants. Four participants required interpreters. Two interpreters were recruited to translate Albanian and Vietnamese. The potential limitations to working with interpreters will be highlighted further in Chapter Four.

Care was taken to recruit women who had spent less time within the NRM process in the hope that their accounts would be less shaped by the constraints of western psychological services that had already been offered. Despite this, women often had mixed and varied experiences in relation to the services they had received.

I chose not to gather 'demographic' data beyond age and country of origin, therefore the length of time in the NRM and participant's details of the exploitation (e.g., domestic, sex work, removal of organs) were not collected. I am aware of the importance placed on providing participants' 'demographic' characteristics in qualitative research in order to be able to contextualise the analysis. However, it was an ethical decision not to require women to detail their past experiences unless they chose to do so, in order to construct an environment of safety. Asking for length of time in the NRM and type of exploitation risked implicitly asking survivors to recount their potentially distressing experiences of HT and initial identification. This could have impinged on the trust built between myself and participants, provoked emotionally charged responses and limited participants sense of freedom and control over responses. This would also have contravened 'WHO Ethical and Safety Recommendations for Interviewing Trafficked Women' (Zimmerman & Watts, 2003) and University of East London ethical requirements to 'do no harm.' Additionally, due to the extremely vulnerable nature of the sample and to protect their anonymity and preserve their safety, omitting demographic data was crucial.

2.3.2.1 Sample Size

Sixteen participants were recruited for interview. The study had originally aimed to recruit 8-10 participants during the three-month recruitment period. This was suggested as an appropriate number deemed necessary to conduct a qualitative analysis and to provide sufficient data for the development of meaningful points of similarity and difference between participants (Smith, Flowers, & Larkin, 2009).

However, a larger number of women than expected wanted to participate in the study. Given the diversity of participants' social, ethnic and other backgrounds, the potential richness of the data, as well as the nature of the current UK policies which seek to address the needs of a wide range of women subjected to HT, it was decided to interview sixteen. Despite more women wishing to participate, for pragmatic reasons, it was decided to stop recruitment at 16. Overall, connecting with the research aim to develop a shared understanding of how women conceptualise support after experiences of HT and within a relatively heterogeneous sample, sixteen was deemed sufficient.

2.3.3 Data Collection

Semi-structured interviews were the means of data collection in this study. I was acutely aware of the personal and sensitive nature of the research subject and felt focus groups would not allow for a safe enough environment for survivors to fully consider their answers (Wilkinson, 1998). Protecting participants' anonymity and confidentiality was paramount and focus groups may have compromised this and therefore were deemed inappropriate.

Interviews can adopt different levels of structure yet all interviews are usually a 'conversation with a purpose' (Burgess, 1984). Semi-structured interviews offered the research a balance of focus (towards the research aims) and flexibility.

Participants were given a choice about where they would like to be interviewed; at their safe accommodation, a room in the NGO's office, or at the University of East London (UEL). Twelve participants opted to be interviewed in their safe house accommodation; three participants were interviewed at their NGO's central office and one participant was interviewed at UEL. All interviews were conducted within private rooms. To ensure the safety of the researcher guidance was adhered to within the University guide for lone workers.

2.3.4 Interviews

I constructed the interview schedule on the basis of the literature review, research aims and subsequent discussions with my supervisor. The questions were devised to encompass: survivor led understandings of the term support; the multiple and

many disciplines it can relate to; and the specific focus on physical and psychological health. In accordance with the 'WHO Ethical and Safety Recommendations for Interviewing Trafficked Women' (Zimmerman & Watts, 2003) care was taken to develop open-ended questions which enabled women to raise what was important to them without obliging them to discuss areas or topics which could cause emotional harm. The final interview schedule consisted of eight open-ended questions (see Appendix F). Interviews lasted on average 66.4 minutes (range: 31-122 minutes, Mdn = 60.5). Interviews involving translation often were longer. The 'WHO Ethical Guidelines for Interviewing Trafficked Women' were followed throughout data collection (Zimmerman & Watts, 2003).

After each interview, participants were given a debrief sheet (see Appendix G) which provided my specific research mobile number and university email address. At the time of writing, one participant established further contact regarding advice on how to follow up with a psychology service which had promised her a written report. She consented for me to contact her support worker as well as the referred psychology service to forward her request.

2.3.5 Transcription

All interviews were audio-recorded using a digital voice recorder and transcribed. Transcription can be considered the first stage in analysis, enabling the researcher to become familiar with the data thus (Braun & Clarke, 2006) facilitating the next steps.

In line with the minimum requirement for transcribing for TA (Braun & Clarke, 2006, p.88), I transcribed all verbal and noticeable non-verbal material (significant silences, laughter, tears and pauses). I added basic punctuation for readability. On completion, I checked all transcripts against the recordings to ensure thoroughness, accuracy and correspondence with the tone of the recordings (Parker, 2004).

2.3.6 Ethical Issues

The study was given ethical approval by UEL (see appendix H). The study also complied with the BPS (2009) Code of Conduct, Ethical Principles and Guidelines.

The information sheet (Appendix B) and consent form (Appendix C) were read through with all participants (via the interpreter when necessary) prior to them signing the consent form. The participant, researcher and interpreter were required to sign consent forms. To protect anonymity consent forms could be signed on behalf of the participant by their support worker, if they were present when the consent forms were read through.

The Data Protection Act (1998) was followed and explained to participants to ensure confidentiality was maintained. Data was anonymised by allocating participants a participant number. All identifying details within transcripts were changed (e.g. location names). The only identifiable data were the consent forms, which were kept separately in a locked cabinet. All other data, such as the interview recordings, transcripts and the write up of the study, were kept in password protected files on a password protected computer. Following examination of the project, identifiable information will be destroyed. Anonymised transcripts will be kept securely for a period of five years.

Participants were made aware that threats to the participant or researcher's safety would require termination of interviews. The topic of HT is a sensitive one and survivors of HT are a vulnerable population, it was therefore made clear to participants that interview questions would not ask them to disclose what had happened to them. Many participants chose to disclose this, which did at times, result in distress. I monitored participants' levels of distress and reminded participants throughout that they were free to withdraw, reschedule or take a break at any time during the process. At the time of writing there were no ongoing adverse effects as a consequence of taking part in the study.

Participants and recruitment sites were offered contact details for any further enquiries (Appendix G). If a participant requested further support or I was concerned about them I could inform the support worker and team leader of the recruitment site. This was discussed with participants in the post-interview debrief. One participant, through an interpreter, requested a referral to their GP for an eye examination. The NGO coordinated this upon my request. Another participant and her support worker

requested further information about specialist psychological support services available following the positive experience she had had in the research interview. This was provided to them.

Professor Nimisha Patel (the research supervisor) provided clinical supervision due to the emotional content of some of the interviews.

2.3.7 Data Analysis

Several qualitative approaches were considered when choosing a method of analysis before Thematic Analysis (TA) was selected and deemed the most appropriate for this research.

Interpretative phenomenological analysis was not considered a viable method because I was not aiming to focus on the phenomenology of support (Smith et al., 2009) particularly given that the sample may have included participants who had not experienced any support. Discourse analysis was considered as a potential method but given that the study focused on 'what' their understandings of support were as opposed to 'where' their understanding came from, it was ruled out (Willig, 2013). It was important to draw an understanding from the participants and their experiences, not from their language alone (Langdridge & Butt, 2004). Additionally, participants' varied cultural backgrounds would have made analysing discourses within multiple different cultural frameworks and those different to my own, difficult and may have led to "interpretive violence" (Alfieri, 2007). Grounded theory was also considered, however the absence of research in survivor-led perspectives of support meant the construction of a new theory may have lost the exploratory value required and intended from this study at this stage (Willig, 2013).

TA on the other hand, identifies and analyses patterns of meaning within a data set and aims to organise and describe these in rich detail (Braun & Clarke, 2006). Joffe (2012) suggests that it can be applied to a range of ontological and epistemological positions. I have chosen to employ it from a critical realist epistemology within a realist ontology (Braun & Clarke, 2006). TA acknowledges;

> the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of 'reality'. (Braun & Clarke, 2006, p. 81)

In this regard, experiences of HT are assumed to be objective and real however meaning making processes around how women frame their understandings of support are constructed socially within the context of time, place and culture. TA was chosen because it could be aligned with the research question which aims to explore "the specific nature of a given group's conceptualisation of the phenomenon under study" (Joffe, 2012, p. 212). It also can be considered a foundational method as it can provide information useful for conducting further research (Braun & Clarke, 2006). It felt important to choose a method that allowed a flexibility and openness to the analysis, particularly given the absence of research exploring conceptualisations of support within the context of HT. The flexibility offered by TA was considered a significant strength.

2.3.8 The Process of Thematic Analysis

The TA was conducted by employing Braun and Clarke's (2006) guidelines (appendix I). They propose that the researcher follows a recursive process through the following steps:

a) Familiarity with data

This begins during data collection and was expanded during transcription. The transcripts were read several times "in an active way" (Braun & Clarke, 2006, p. 87) to search for meanings and patterns within the data.

b) Generating initial codes

The data was analysed line by line for identifiable features of interest within the data (Braun & Clarke, 2006). These are referred to as codes. TA allowed me to attend at both a semantic (what is said explicitly) and interpretative (underlying assumptions) level of talk. Joffe (2012) recommended coding on both levels to gain different layers of information and achieve high quality research. The initial codes were generated by re-reading each transcript multiple times to establish as many potential themes as possible (Braun & Clarke, 2006). My analysis was

predominantly data-driven or 'inductive.' This means coding was closely linked to the content of the text which was in line with my epistemological stance and the exploratory nature of the research question. The codes were collated into a spreadsheet and each code was numbered permitting reuse within later extracts. All data was coded and extracts relating to the initial code were copy and pasted into the spreadsheet. An example of a coded transcript is included in Appendix J.

c) Search for themes

The codes were organised into broader themes; these were systematized through printing out the codes, cutting them up and manually aligning them together. I continued to review the codes to identify were patterns of connection could be made in order to organised codes together and develop a connecting theme. This process also allowed differentiation between codes and alternative themes developed. I constantly asked myself 'what are the women really saying here' and regular supervision enabled me to make sense of a large number of codes. I also drew detailed tree diagrams to support the organisation of codes (see appendix K) and checked back to the original coded data extracts to ensure that the codes represented what was said and related to the different levels of initial themes they were positioned under. I produced an initial thematic map (see Appendix L), allowing me to review the themes further and condense them into themes and subthemes (Appendix M), again checking these against the original extracts for representativeness. I am aware that individual researchers decide what constitutes a theme therefore in Chapter Three, I have attempted to qualify the themes by their distribution across the interviews.

d) Reviewing themes

Thematic maps were reviewed by checking the themes and the codes for homogeneity (Braun & Clarke, 2006). To increase distinctiveness and reduce repetition, initial thematic maps were collapsed further, leading to some themes being merged, split or combined with other subthemes, resulting in the final thematic map (Appendix N). At this stage, the transcripts were re-read to check that the themes represented the data.

e) Defining and naming themes

Themes were defined and named through identifying aspects of the data. To define each theme, the story that each theme told was considered as well as the extent to which it related to the research aims. Themes were re-named using phrases from participants' talk.

f) Producing the report:

Numerous data extracts are given to illustrate themes and to invite the reader to evaluate whether the themes and quotes are reflective of the story being told about the data (Braun & Clarke, 2006). Participants have been referred to using their interview number in the presentation of data extracts and throughout the report. During the analysis and the write-up, I have aimed to ensure quality by following the guidelines for a good thematic analysis (Braun & Clarke, 2006; Appendix I).

3. CHAPTER THREE - ANALYSIS

This chapter will present themes resulting from the data analysis of the sixteen participant interviews. Using TA, initial codes were categorized into three main themes, each with sub-themes (see table below). The main themes are:

1. Being sold a lie: "*This is not the world I am being told"*
2. Never-ending torment: "*All of this looks to me like a game*"
3. An opportunity to be seen: "*I am existing*"

The first theme considers how participants bring forth 'Being Sold a Lie' and experiences of HT. The second focuses on the 'Never Ending Torment' of their past experiences coupled with their present situation and its effects. The final theme explores participants hope to be recognised as 'Existing.'

Table 1: Table of Main Themes and Sub-theme headings

Main Themes	Sub-Themes
Being Sold a Lie **"**This is not the world I am being told**"**	A) Daring to dream: "You dream yeah, this is my next step…this plan is my hope"
	B) Shattered dreams: "All your dreams have been shattered by them"
Never Ending Torment "All of This Looks to me Like a Game"	A) Impact of Experiences on Health: "The after effect of all my journey" • *Fear & Mistrust: "That fear is still in me, it isn't going anywhere"* • *Shame and Stigma: "I hope that the world don't laugh at me"* • *Remembering as unhealthy: "I feel really bad then and really sad but I try to forget"*
	B) From One form of Entrapment to Another: "Sometimes I do feel like I am back with my traffickers … imprisoned because I can't do anything" • *Dependence on the State: "I didn't have any idea … I don't know how I would have done it without them."* • *State entrapment and the impacts: "I am tired of being imprisoned"* • *Invisible and insignificant injustice: "One small piece of sand of the Pacific Ocean"*
An Opportunity to be Seen "I am existing"	A) Equality: "Care for who I am not for what I have
	B) Prevention: "That is my story and I am just going to keep on telling the world what is happening"

3.1 Being Sold a Lie: "*This is not the world I am being told"*

This first main theme considers how women's abilities, desires and needs (agency) alongside the social conditions which impact their 'choices' (structure), were systematically exploited in order to dehumanise, enslave and commodify women. It seeks to demonstrate; the danger of hoping for a better life, the role of social and global inequality in exploitation and the means by which women become enslaved. 'Being sold a lie' is primarily about deception, it demonstrates the torturous art of trickery, including how and why women can be duped. It seeks to consider how participants contextualised the topic of support and will become important in understanding the effects of the States actions or lack of actions (in Section 3.2) on women's health during the 45-day 'reflection and recovery period.' Contextualising the topic of support will be reflected in relation to two sub-themes of; 'Daring to Dream', and 'Shattered Dreams.'

3.1.1 Daring to dream: "You dream yeah, this is my next step…this plan is my hope"

A significant aspect of how participants related to 'support' was to contextualize its meaning by exploring how they had arrived in the position of requiring 'support'. Of interest was how participants once experienced a sense of agency in their country of origin, which led to acting on personal hopes and dreams for a better life.

> *I thought we are coming to do…to get a job, to get a good life (Participant 1)*

It was notable that some participants were attracted by the idea that they could execute their own capacity to act in a mutually reinforcing way; to choose a "good life" for themselves and their family in the hope that this could lead to gaining further independence and potentially power.

> *I come…for better education better life…look my dream is not to be a very rich person basic things where I can be independent, look after myself and my family…. that is why … I said yes I want to do it the reason is if someone can give opportunity around there, come forward there is people who really going to listen to you (Participant 13)*

At the same turn, participants presented the contexts around which the concept of 'choice' was organized. Intersecting structural inequalities such as poverty, gender, class and global inequality were all noted as the contexts out of which the women were acting. Of interest were poverty and class as contexts that spurred a determination to act.

> *Because of the things that we are told we are determined to…have a good future, to make our way out of poverty so all the instructions and rules they give to us, we kind of like accept it* (*Participant 1*)

Similarly, the loss of family members was an important identified context. Below participant 1 demonstrates the intersections of poverty and gender inequality which influence women's desires to act.

> *You know that because of my family background I lost my dad when I was 6 years old and because…Where my mum is from they say she's an outcast… she struggled at least to make sure we had something to eat…so I was determined to make her happy (Participant 1)*

Relevant was the way in which these contexts were considered unchangeable in the foreseeable future and restrictive in terms of possibilities to gain knowledge and respect.

> *where I came up …it depends whether you are born important. You always know about that thing…you don't know about around the world (Participant 13)*

> *In my country, the rich people, they have got everything, everybody pays respect… but then the working-class people, the rich people always talk down on them (Participant 6)*

Participants placed the structural inequalities into a wider frame of significant global inequality. Below is an example of the comparisons made between the country of origin and destination country.

I work very very hard or my people work very very hard but in this country even though they are working full-time, they got time to go to the church and they got time to relax. But in my country, I actually work every day and still have nothing (Participant 6)

Participants would often relate these inequalities to the conditions from which they were hoping to escape from, mainly state corruption.

if you give your care and your kindness to these people and to this country, the people here will have more chance to help the people like us… I believe that anywhere we have the bad and the good people, but I really believe that because of the Government, they are the ones organising people. (Participant 6)

Of interest was "*to help the people like us*" which perhaps alludes to the international power differential which allows for global constructions of independent/progressive versus dependent/regressive States. This could be demonstrated by sycophantic attitudes between social and cultural differences of host and destination countries. Many participants glorified and idealized the culture and people in the destination country whilst denigrating their country of origin. This perhaps speaks to a motivation to hold all the 'sold' ideas that there is a better life and avoid dissonance (Festinger, 1962), in this sense all efforts made so far are not lost.

The people in this country are very, very good and their kindness is very, very high …it's so amazing the culture. If I got enough money, and be surrounded by people like that, very happy. Not like in my country. (Participant 6)

Participants described how their personal hopes and the multiple contexts in which these were situated provided the seeds for successful deception to be sown.

I thought I was coming through something was genuine but I never knew it's not really what I think because when you are coming from a place that you are suffering…then you come into the country you feel that way now you can be

able to have a bit of life and future. Then along the way you are disappointed you see all that it is not easy, that you have to come through the right way which I never knew. (Participant 3)

Participant 13 below, continues to demonstrate the innocence of the unknown.

In your life if you don't have any horrible experience you feel like all around you is good… but when you meet a horrible person then you …feel like God this is different world this is not the world I am being told in my school (Participant 13)

Of interest is the *'God this is different world, this is not the world I am being told in my school*' which may allude to the inaccessibility of knowing. The subtle nature of deception (being lulled into a false sense of security) and how participants' dreams were systematically identified and exploited was repeatedly discussed.

initially they are very good with you because they want to take all the details from you… and they target worse things that can be affect you… in me she founded that I was very very looking forward about my education she she cut around that I mean she homed in around that…They understand, read your mind of things that can be the matter and apply it that way (Participant 13)

3.1.2 Shattered dreams: "All your dreams have been shattered by them"

Participants spoke of the shock and horror at the realisation that their dreams had not only been exploited but were stolen and displaced by multiple, severe and enduring forms of abuse.

> *You just feel like that and someone has come and just break your dreams… just all your dreams have been shattered by them because they wanted to hold you (Participant 13)*

Participants considered the shock and disbelief at being misled.

> *I thought it was like a hostel…but later that evening someone came and said okay this is what you are here for, umm you are here to like you know prostitution… I didn't really understand so I was like what I was told in coming to do hairdressing….to take care of ourselves and our family to work our way out of poverty. Then. The guy said no. You are here to you know to work, this kind of work (Participant 1)*

Further exploration noted that for many participants they were unable to make sense of their experiences due to the psychological and physical shock and bewilderment.

> *The shock of the pregnancy with the shock of somebody how he gave me the pregnancy … Now coming to work, another shock, what is happening what is going on (Participant 3)*

Following from the construction of shock there was also a passive and exhausted defeat and resignation at such realisation.

> *I said God I am tired of this world, what is happening. (Participant 3)*

> *and initially it was I cried because I couldn't imagine myself having to sleep with different men to make money. It was crazy (Participant 1)*

Of interest was the '*and initially'* which could suggest a transition point in which the shock became a normality.

> *I even come to accept that this is my life, this is my journey so it always goes with pain so why not let it happen (Participant 11).*

It was possible to conceptualise that the normality to which participants were referring to consisted of multiple and severe forms of torture. Participants emphasised the extent to which they were entirely controlled by another person or group, perhaps as an acknowledgement of the endless and intolerable nature of injustice.

> *It is that I became a victim that is what you have to understand, that I was a victim… they mentally tortured me, they controlled, they take full control over me. (Participant 15)*

Many of the participants spoke of the sexual violence and mental torment they were subjected to. These can be considered as the means by which traffickers could reinforce the subordinate status of the women and proclaim patriarchal control and ownership over their bodies and sexuality.

> *Men took it in turns to sleep with each of us then pulled me into another room and started to rape me. They continue to do it the rape and then that time not only through the physical harm but also mental harm as well. By that time my mentally is really confused and horrible… After he already did the rape then he pulled me into another room so they can tattoo me. So now the person in that room says that now you always know who we are so don't ever think you are ever going to escape or run away from us (Participant 9)*

> *They hold my hands and the other ones they hold my legs and then he light the cigar and he burned me on my thighs both sides with the cigar… and sometimes he put his fingers inside roughly you know twenty times (Participant 11)*

Many participants spoke of the process of being de-humanised, 'owned' and subjected to torturous acts. They demonstrated the loss of an identity and human integrity through objectification and commodification.

> *I had been sold to these people (Participant 6)*

> *I can't believe like at a point my body was nothing really. I wasn't myself…it's crazy… seeing different men every day …they don't care whether you are in the mood or not, they don't care they just want to get their satisfaction and just go but then you are left like, [sigh] what have you done to yourself. (Participant 1)*

Many participants alluded to the extent of de-personalisation. Below participant 13 considers how their identity was not only destroyed but stolen by someone resulting in a deprivation of the right to be considered human.

> *someone has come like you know try to destroy your own personality I mean…what it means to you they just put you aside and they make you what they want it to be and what they are actually… It is wrong, wrong it's wrong. (Participant 13)*

Participants spoke of the terror and fear which was instilled as a means by which psychological entrapment and subjugation can occur.

> *First, they tell you because already you have already had a coven of blood … if you break the rules or tell anyone that you are going to die so you know all this fear …or if you run away that…family back home will be killed (Participant 1)*

Their dependence on traffickers as a means of survival was conceptualized by participants and could be as a result of the fear instilled in them about public services by traffickers.

Traffickers they tell you that if you tell the police that's they're going to report you or they will lock you up …your family is at stake and you won't be able to come out, you won't have access to anything so when I see the police I always run away like oh my god I don't want to see them. (Participant 1)

Of interest was the effect of entrapment in terms of how a false dichotomy was presented to victims.

I was so down, I give up, going back I don't know what is going to happen to me, going further I said no (Participant 3)

Some participants spoke of how they perhaps attempted to hold on to some hope of personal agency.

The psychological effect like different people every day so it was different people every day…it was crazy. You can't just say no because it is something you have already committed yourself to (Participant 1)

However, participants also demonstrated how their personal agency was a thwarted by the structural and material reality of inequality and entrapment.

I was just…locked up. (Participant 11)

I felt like… I wish I could run away…but then…where would I get the money to like refund the madam (Participant 1)

Participants discussed social and cultural differences between their country of origin and destination country which might function to preserve entrapment. Participants highlighted this and the 'false choice' of escape.

I had to give in because I had no choice. I didn't have anybody in this strange land. It is only me… it is either I will have to die or disappear (Participant 11)

Participants spoke of the inevitability of patriarchal control over women's bodies and thus the unavoidable dependence on men for survival.

> *I wanted so much to talk to somebody but no one was there… so I ended up seeking solace to the more and more perpetrators … abusing me more any way … you are far away from everybody, from everything… as usual again raped many a times by smelly thugs…[but]…I am a woman and they were men so it was like a norm to them (Participant 11)*

The extract below highlights the confusion as to how women's pain can be capitalized and preyed upon for others enjoyment.

> *What was amazing me was…the people coming to buy prostitute they don't care whether you look sad, you look upset, you are vulnerable, you are in pain no… so what appetizes them in my anguish I just don't know, that puzzles me. I can't comprehend the fact that they just see that the meat it is stale but they just want to go on and eat you know (Participant 11)*

Then discrepancy between the initial hope to be useful in society and the reality of being repeatedly used by society.

> *That's how it's been my kind of life you know so I tried to do things to make people know that I am useful, I am not a burden to them so that was how I had my son (Participant 3)*

Participants spoke of the hidden injustice of women's pain and suffering.

> *I have come across a lot of unfairness, greedy, self-centeredness…everybody was involved in inflicting the pain in this little vulnerable girl… and they were like nothing is wrong…I was surrounded by vultures …decisions that were made on my behalf nobody ever thought that what does she want, what happen, what is she thinking…feeling…I was just remote go there, go there…and the pain was growing inside me. (Participant 11)*

3.2. Never Ending Torment: "All of this looks to me like a game"

The second master theme, 'Never Ending Torment' explores the resultant effects of 'Being Sold a Lie'. This theme is explored through three subordinate themes; 'Impact of Experiences on Health', 'From One form of Entrapment to Another' and 'Invisible and Insignificant Injustice'. This theme considers how participants' health has been compromised through their experiences of HT and the extent to which these injuries are sustained and reinforced by continued state perpetrated entrapment, social exclusion and obstructions to justice. Never ending torment for many participants consisted of continual deception, not-knowing and uncertainty. This often lead to an experience of isolation and a feeling that they only had themselves to blame for the emptiness and lack of meaning in their lives.

3.2.1 Impact of Experiences on Health: "The after effect of all my journey"

This subtheme considers how participants drew upon multiple physical and psychological difficulties resulting from their torturous experiences as a framework for making sense of support.

3.2.1.1 Fear & Mistrust: "That fear is still in me, it isn't going anywhere"

In conceptualizing participants' rescue and immediate protection from their initial entrapment participants demonstrated the fear evoked perhaps through the confusion of contrasting environments of the past and present.

> *Everything is folded… there is white covers on the bed… it has got everything but…I was so worried I couldn't even sleep that night… I didn't know where they are going to take me next so I didn't know if they are going to really help me (Participant 9)*

Participants demonstrated the trepidation with which novel situations were broached. This was put in relation to the helplessness of not knowing the future course of the process and their previous experiences of deception.

It took a while for me because I just come from the bad experience…it's like is this someone who is going to help me or is this someone where something is going to happen. You are just like with the caution (Participant 13)

The time I come here is it's difficult because I think you bring me prison or why you bring me here? … because you don't understand (Participant 7)

The construction of fear and mistrust was connected to the concept of increasing isolation. Participants demonstrated the double bind of fear as both an opportunity for protection from further harm and a barrier to building future relationships.

I was focused on people's faces because I was scared from everyone there. It is horrible, nobody can know how horrible is that. For one whole month, I was scared to go out and buy food. I didn't want to go out of my flat. I just want the opportunity to hide myself (Participant 8)

Fear and mistrust were particularly related to constructions of gender and race. Growth of within group discrimination can be demonstrated.

I got very bad experience from Vietnamese people …I wouldn't really know if they are helping or they try to trap me …It not really that I don't trust Vietnamese people but if I meet a Vietnamese guy (Participant 9)

In conceptualizing fear in relation to isolation, participants described the unremitting persistence of psychological entrapment even when no longer with the traffickers. They also described the difficult and perhaps impossible task of forgetting past experiences.

In my heart, I feel relieved…. but still worrying because what happened in the past. My God helped me to leave these people but still in my mind I am still frightened…Whatever things happened you can't wipe it out totally. There always remain in your body in let's say mind, heart. (Participant 6)

Many participants described how they could feel tormented by fear during the night, interrupting sleep.

> *I have nightmares…I am waking up in the middle of the night and say oh [sigh] I am still here I am not there anymore. (Participant 8)*

On further examination, it was not only the mind but also the body that was irreversibly tormented by the past. Participant 11 demonstrated the intricacy and interconnectedness of past experiences on physical and psychological health.

> *All the diagnosis I come across, cancer cells in my womb, HIV, everything. The after effect of all my journey …they need to….do the hysterectomy…I didn't even have to think about it I just say yes because I know that my womb has suffered like I did…it wasn't be a surprise…It was like oh okay remove it, it has played its part enough to sustain me up to this moment, let it go…it looked strange to the doctors … I know but…you won't understand I am not expecting you…I was like taking pain normally. (Participant 11)*

3.2.1.2 Shame and Stigma: "I hope that the world don't laugh at me"

In conceptualizing, how past experiences of torture, inhuman and degrading treatment impact on women's physical integrity and mental health, participants made reference to the loss of dignity, reinforced through constructions of stigma and shame.

> *Nobody wants to go into prostitution in their own mind. It's not easy to sleep with up to 5,6,7 men a day. Nobody wants to do that, no. It doesn't dignify you as a woman (Participant 1)*

> *All my friends in the church you know when I go there everybody was like looking at you, sitting separate… you even the people who you chat with before … I feel abandoned you know. People treat me like shit. African people when they had HIV … they thought they touch you they get it immediately … from then most of my friends nobody talks to me anymore (Participant 12)*

Past experiences of torture coupled with felt and overt acts of stigma were perhaps internalised, resulting in a 'spoiled identity' (Goffman, 1990).

> *Interviewer: and when you went to that screening in London, what was that process like for you?*
> *Participant: Painful painful just like it is someone who is taking the information and you feel shame to talk about. It is really a big shame. I feel shame even talking in front of myself but I have to give that information … If you feel shame, if I feel shame it is about my past. You or anyone else cannot change that. Even if you are kind with me, that can make that less painful but it is still painful you still feel shame (Participant 8)*

Participant 16 talked about how shame became a barrier to accessing healthcare.

> *I didn't accept to go in the doctor to check my body because… I am so shy to do this…I know I need to go but I don't know it's very difficult … if I decide to go I would prefer for it to be a er a woman not a man to check my body … but at the moment I can't accept this (Participant 16)*

Participant 1 considers how stigma can also perpetuate social isolation and disqualify women from social acceptance.

> *I couldn't really open up to people because I don't want people to start, you know carrying my story…I might tell you and I'll have that feeling …so when people start staring at me I be like, oh okay they know me as a prostitute… I feel really bad so sometime I just stay back. I don't go out, I don't want people to tag me as like prostitute. (Participant 1)*

In conceptualizing stigma and shame it was possible to understand constructions of guilt, self-blame and failure in not achieving the dream of a good life.

> *The whole aim of coming to like, it's a good life…was not really achieved…I was really depressed because I was thinking, probably if I had continued with*

the prostitution probably I would have had money …when I just remember about her [mum] I just feel that probably I am responsible for her death (Participant 1)

Of interest is the '*probably I am responsible'* which may connect to the concept of internalized stigma, that many participants perhaps felt they were responsible for their fate and thus deserved their experiences. This can have a role in absconding social responsibility. Participants demonstrated the power of individual responsibility.

I actually been thinking about what police say, if that's the truth, because it seemed like a show to me. Why shouldn't I be braver than I would be being punished or whatever? (Participant 6)

Of interest was participant 6's reference below to '*seemed like a show*.' In theorizing participants, damaged integrity and disqualification from social acceptance it was possible to perhaps understand their references to their experiences as a kind of perverse illusion.

So everything is fake to be honest with you (Participant 13)

All of this looks to me like a game (Participant 8)

Regarding experiences as artificial could perhaps perpetuate a social illusion of normality yet as participant 10 demonstrates, a personal reality of shame.

I just feel like this is like a joke to them… but this is my life (Participant 10)

3.2.1.3 Remembering as Unhealthy; "I feel really bad then and really sad but I try to forget"

Participants discussed the magnitude and life threatening nature of their physical and psychological injuries.

The support… it bring back my life just like there is a dead body… it was just for me to close my eyes and go (Participant 9)

The weight of experiences was noted as possibly too unbearable to carry. Participants made reference to a physical and psychological threshold at which living with past experiences becomes intolerable.

Put in all those experiences and what is happening now …I feel like should I kill myself because it is like this world… I can't live in it because how can I live with all these experiences (Participant 12)

Many participants discussed the pain of connecting with past experiences and perhaps demonstrated the physical and psychological attempts to avoid this.

I wasn't seeing food anyway but I wasn't hungry. (Participant 2)

What I am going through is forgetfulness (Participant 11)

Participants also noted the avoidance of cultural similarity as a way of perhaps detaching from the past.

My English is horrible sometimes but I don't want to listen something in Albanian… I don't want an interpreter. That is why. It is when you are trying to forget everything…it is like you are trying to forget yourself even and I am trying to forget myself and to build a new one, a different one. (Participant 8)

In conceptualizing attempts to avoid pain, it was possible to make sense of how participants frequently referred to remembering the past as a dangerous act which could compromise their health. Participants demonstrated the potential physical and psychological risks of thinking.

What all these women have gone through, some of them end up thinking and they just end up dying. Some people can come in sleeping and never wake up… If I start thinking back much, if I start remembering back much the no its

going to affect me and get weak and no… it cannot be forgotten, but I don't want to remember the story (Participant 3)

3.2.2 From One form of Entrapment to Another: "Sometimes I do feel like I am back with my traffickers … imprisoned because I can't do anything"

This subtheme explores women's experiences of entering the NRM. It speaks to the dependence woman have on the State to sustain and protect their lives. The analysis shows a notable similarity with 'being sold a lie' however the difference being that the dependence and exploitation were then established and perpetrated by traffickers, whereas now entrapment is continued by the very body, the State on which they are dependent for safety.

3.2.2.1 Dependence on the State: "I didn't have any idea … I don't know how I would have done it without them"

A notable feature across the data was the unfamiliarity of the term HT to victims. The extracts below give expression to the novelty of how their experiences have been termed.

I went to the lawyer … he said that that's human trafficking…So I said yeah he's actually quite right with the story that I am bringing. (Participant 1)

Participants referred to the term being a potential barrier to identification, it perhaps alludes to a contrast in how they would describe their experiences.

I didn't really know anything that I was a victim of trafficking that you have any certain rights. I didn't know anything, nobody told me… you have to recognize that you are even a victim of …because we are just doing the job to like make a living…we didn't know it's being exploited. (Participant 1)

Of interest was '*nobody told me'* which could begin to suggest the inaccessibility of knowledge.

I don't know the system here how it works; how do I upgrade myself to live the life I deserve and I am supposed to and I didn't know (Participant 11)

A significant feature of being denied knowledge was how this connected to a dependence on others for identification and knowledge.

I didn't have any idea of how to get one [solicitor] before and they asked and I don't know how I would have done it without (NGO name) (Participant 2)

Participants demonstrated their dependence on the State to sustain life and how participants could be humanized through access to basic human needs.

They….providing house… education and the legal advice and again to like you know re-build that confidence… you are human being and just to recognize it …All human has a very basic rights in a sense to go to washroom…GP… it is not something you are asking for (Participant 13)

A place to stay safe and some food. That is the basic thing I need (Participant 8)

Of interest was '*a place to stay safe'* which was considered by many participants as vital. Participants demonstrated their dependence on the State to protect life.

If I would be more safe I mean if they would say yes we accept you, we will protect you, we will give you that protection you need and you are asking for… an opportunity to hide from other part of the world…I just want to be here and be safe. (Participant 8)

Participants considered the potential outcome if there was a failure to protect.

What am I going to do if they refuse me? I can't be back because I won't be alive…If anyone goes through my eyes and understands what I have passed through they would not have the courage to say no because they will know

that would destroy someone's life. They will kill someone with their decision (Participant 8)

Participant 8 demonstrates her desperation to be considered deserving of State protection.

Here is something I think is wrong, you have to see that person face to face and have to decide. You cannot decide by papers…I have to express to them who I was, who I am and who I want to be…. I have to express to them what will happen if I will go back. … You can understand everything by touching his or her heart. (Participant 8)

In conceptualising women's dependence on the State to protect and sustain life it was possible to begin to make sense of the awe in which they spoke about the services provided with the NRM.

I think they are my family now. I don't consider them as a service. (Participant 8)

This may allude to the contrast between past significant deprivation to present consideration. Participants drew attention to the significance of that contrast.

Nobody has ever listened to me before so I have someone who listens to me and understands me and cares what I am talking about. You appreciate things you have never had before that is why I appreciate them… Here…everyone has a heart because in my life I have been with the people who have no heart…I appreciate even this cup of coffee because I don't know if it is going to be the last one (Participant 8)

The extract above may indicate the fear of services being taken away. Participant 12 demonstrates the life preserving nature of what has been offered.

Interviewer: and given what you just said there… what does that word support really mean for you?

Participant: It mean a lot for me a lot. It give me my life back … without them I don't know right now maybe I could have killed myself …because how will I live… thank God they accept me. (Participant 12)

This may also relate to global inequality, knowing their country of origin would fail to sustain or protect their lives.

You know in (country of origin) this never happens something like this. If you or anyone else comes to my country and said that I have been experiencing very bad things no one is going to protect (Participant 8)

Additionally, it could also speak to the recognition of the NRM time frames. Women demonstrated their dependence on the NRM and the exploitative and abusive nature of how it is organized.

I really want to get the decision but… 48 hours you are out of their service … whatever decision that I get I will still need them to be there for maybe a month or so … It is difficult when you…worked all this time to be here like for example 2 years and then someone say I need to reconsider everything to start all over again so is that help or abuse? … but it's not my choice it is them (Participant 14)

Participant 14 above speaks to their powerlessness and lack of control in the NRM. Many participants gave expression to the unethical nature of building someone up to later destroy them much like the entrapment and exploitation seen in 'being sold a lie'. Women spoke of being trapped by their reliance on services and the potential for these to be swiftly withdrawn. For many women, the NRM could become both a saviour from, and perpetrator of further harm. In conceptualizing the fear of services being withdrawn it was possible to consider how participants did not want to be seen to complain about services.

I appreciate that I am being given the shelter and so on but there are some things a lot of things that I need. ... Though where I am coming from this is like

heaven for me but…I been hurt so much… I need, I don't even know what I need but I know that I need something, a lot. (Participant 11)

Participant 11 alluded to her needs not being fulfilled by the current services. Many participants suggested that they did not feel deserving of receiving what they really required and named their frustration at their dependence on the state.

One year with it's still in that same you are not, yes feel physically, mentally I am moving on but … I am still living under someone's support. I feel like in that way not independent still… it just reminds me of all the bad experiences (Participant 13)

3.2.2.2 State Entrapment and the Impacts – "I am tired of being imprisoned"

In conceptualizing the dependence on the state to sustain and protect life it was of interest how participants described their relationship with the NRM process.

Sometimes I just sit in my room and cry… sometimes I do feel like I am back with my traffickers… imprisoned because I can't do anything… I just feel so useless … it's not a prison but sometimes it does feel like a prison… I just wanna have my own life like I am tired of being imprisoned (Participant 10)

Participants demonstrated ways in which they had been excluded from society by the NRM.

You don't go to work so you feel the price, you feel these rights have been taken off you so yeah you're not happy because you can't contribute, you can't contribute to the society, you can't help yourself and you have to live off of someone (Participant 1)

Of significance was how many women gave expression to the oppressive and divisive nature of accommodation.

Eight vulnerable woman in one place…It is dangerous according to my understanding…Pointing fingers to each other because when you all have that bad experience loaded to one another… it causes no unanimity among women …is there any way that whereby while we are helping women to come out of the situation…but also prevent them from killing one another (Participant 11)

Participants indicated the extent to which powerlessness is continually reinforced by the system. Participants demonstrated the financial entrapment by services and similar bondage to that experience from past experiences.

It's still a bondage. I want to see myself having freedom…you know when I am not able to work…like when I am here now we being moving I don't have home of my own (Participant 3)

Participants considered how VAW perpetrated by the traffickers was reproduced by the State and concealed in society, perhaps alluding to inescapable pardoned patriarchal control.

Seeing the viciousness of the officers [in detention centre] towards women is just … sometimes I am even wondering if why is it even the law is behaving like the perpetrators. They are legal perpetrators according to my experience…. They act in exactly the same way as the men who abused me…The advantage they take behind the close door. While communities are asleep, while community is not saying anything then they use that moment, they use their powers and their positon to restrain, shout…injecting them…Officers were sleeping with inmates… dividing the women … they think they have a right to abuse women (Participant 11)

Participants made reference to themselves as 'illegal' and noted the overt acts of de-humanising discrimination and their de-personalising impact

Staff in the detention centre …They talk to you like you are a criminal. I am just thinking I am not a criminal…the way that they look at you they look down

on you like you are worthless…I do feel a bit respected being here [NGO] like people don't look at you like you are some illegal immigrant or anything (Participant 10)

Participants demonstrated perhaps a sequential internalised stigma. This yet again could reinforce a rhetoric of personal, as opposed to social, responsibility.

I was trafficked. It was not my fault. I was bought to this country at the age of 11 …all the things I have been through yet I am still going through it now because I was trafficked and I feel like it wasn't my fault. (Participant 10)

In conceptualizing stigma, it is also possible to understand participants perhaps desperate desire to divorce from state dependence. Participants spoke of the shame of being passive recipients of help.

I really thank you for all the help so far and up to now, but I feel so ashamed that …I have got quite healthy body and I cannot sit like that and get people helping all the time. (Participant 6)

As participants have already alluded to, the shame and stigma from their past means of production (prostitution or other forms of degrading exploitative labour), on top of the sequential stigma of the absence of production, the NRM potentially reinforces psychological distress through denying participants the right to develop an alternative means of work. The extract below perhaps alludes to the value society places on being considered productive.

I don't feel happy with asking what do you do for a living then I have to start explaining…I don't want to interact because they will ask you where do you work… I feel really embarrassed (Participant 1)

For participants, the independence and autonomy paid work can provide, may also give them an occupation so they are not left alone with their thoughts. It addition it can also provide an opportunity to contribute to society and 'give back', a means of

increasing their feelings of self-worth. Of significance was the way in which the majority of participants described the de-humanising nature of the NRM.

> *It's like you know you have a dog in a cage so it is only what you offer the dog the dog eats so once you let the dog out to go off freely and that dog will know what to be like with all the other dogs…when someone is in a cage … not being able to have access to her own freedom because freedom is the most important thing that anyone can ever have… I feel this is not the support I want…they have helped me out… but then they are still keeping me in a hole… they are bringing me out from a cage and putting me in a hole, even though the hole is not locked…but I can't come out.…at the end of the day the support is really like putting us more in depression (Participant 1)*

Participant 1 above made reference to the psychological impact of the NRM. Many participants highlighted the impact of the NRM on MH.

> *I want to be able to dream because now I cannot dream … I came here from the hell and I don't want to go back to the hell anymore. I have a break now from that hell. I want to go ahead and not to be back anymore and when I thought of this I couldn't eat…smile…live …breathe …Yeah that kills you every day…. Just to have that yes will protect you and then I will breathe relief and think that ahh I am free now. I don't want to know what is going to happen, I just want to be free (Participant 8)*

Participants demonstrate the lack of meaning or purpose to living.

> *If the world was to end tomorrow I wouldn't even care because I am fed up of it anyway. Like I have got nothing what am I living for nothing (Participant 10)*

However, this could easily be concealed again through the rhetoric of personal responsibility.

> *My depression…the tablets are not working they just say oh they will work one day …It has been months they are not working. I have taken lots of*

tablets for what? For nothing I still having I am still having that inside of me. I don't know maybe the problem is one me. (Participant 8)

Of interest was '*taken lots of tablets'*. Many of the participants discussed the prescription of medication which they noted as being largely ineffective.

Anti-depressants they are there but they are not helping the situation but they just make you sleep and then you do wake up at the end of the day and there comes your mind it is full of everything. When you think of the immigration your heart panics as well it is just maybe the short of breath comes from there (Participant 11)

Participant 11 above perhaps alludes to why medication was unhelpful. Many participants highlighted the context in which their MH difficulties were situated, predominantly waiting for CG and asylum decisions.

I have high depression it is not like everyday depression, depression from an exam, from a project… or depression from a job…it is different…Having the decision. I just need that, I need that to be free of depression, free of everyone. To be free and to start dreaming. (Participant 8)

Women considered how participating in activities (work, running, going to talks) had a positive effect on MH through a relief from thinking and remembering the past.

Interviewer: when you have something to do what effect does that have on you?
Participant: It helps to forget sometimes. Sometimes I had I pass one hours…without thinking about myself and in the finish in the end I feel released like oh yeah, I win and I didn't think about my past today. I consider it like a victory, if I forget it is like a victory to me… because depression is not abusing me too much I mean. (Participant 8)

Some participants demonstrated the value of being offered psychological therapy as a means of gaining both relief and encouragement to begin to reclaim their identity as a person.

> *my counsellor lady she recognize in me that sometimes you you are don't think about yourself in a sense you are also a human being…sometimes I forget myself (Participant 13)*

Participant 1 spoke to perhaps the idea that therapy can be culturally unfamiliar.

> *I didn't know the essence of having a therapist (Participant 1)*

Many women seemed to understand their experiences through faith and used prayer as a means of healing. The extract below demonstrates how women perhaps used faith to understand and 'recover' from their experiences.

> *God, he tried to help me and then I put myself in the God's hands and hoped that he will help…because just say like Jesus before he helped everybody but still he had been nailed in the hands like that right so it is just like him saying bear with me you know it is something that has happened to me but it is nothing yeah so, we just say like it is leave it in God's hands.* (Participant 9)

Participant's own ways of making sense of their experiences were not discussed in relation to their experiences of psychological therapy. Participants demonstrated how therapists may have imposed their theoretical understandings onto survivors which may have connected with survivor's understandable wish for a 'technical' 'quick fix' to forget the past and move on with their lives.

> *My counsellor said that I am going through a process my mind is going through a process because my mind is not accepting what has happened that is why. (Participant 8)*

It is bit alright I am learning how to like if I am having those negative thoughts… It is still a bit weird (Participant 10)

Interviewer: What do you think the psychologist job is from your perspective? Participant: I think her job is to help about my urm…to forget my story… (Participant 16)

In the extract above the role of psychologists was considered as one to help 'forget my story.' It perhaps alludes to how psychological therapies may have capitalized on women's desperation to forget and in turn facilitated an expectation in women that 'recovery' is contingent on professional input or involvement. The extract below demonstrates the dependence on professionals to assist forgetting.

I need…real services like medicine like counselling, actually I am having but it is not making me feel good. No, it makes me feel good but doesn't help me to take it out. To take the stress out to take the depression out (Participant 8)

Participant 16 below perhaps alludes to how psychological services can be complicit in reinforcing oppression by the exploitative nature of offering a time limited service in which false agency is imposed.

I need to wait three or four months…then the therapy is so short… six or twelve sessions which for me is not enough because my story is for a long time …this is not very good for me…because when you start up something you feel better for the moment but not all the time … I know they are busy but… I need to forget my past and to focus on my future but without a psychologist I can't do this (Participant 16)

The extract above also highlights the dichotomy of being presented with the idea that forgetting is possible but the material reality of their depressive situation has not changed. Participants highlighted the limitation of therapies within their given situation.

I just going to go and meet somebody and just sit down and talk about my problem, there is no solution you just sit there and talk (Participant 10)

I am seeing a counsellor but that is not helping. I don't know what is going to help me (Participant 8)

Participants spoke to the frustration and cruelty of de-contextualising distress and imposed false agency and hope. Participant 8 demonstrates this below.

I know that she wants to help me but sometimes what she is talking about to me it is like a game … [she] says…please help yourself, you cannot be so pessimistic but I am pessimistic because I have never had anything good. That is why. Life makes me like this, I don't want to be pessimistic, I don't want my life to be like this but it is like this. I can't change that…It is like a game because she talking about beautiful days coming but I don't believe on that… It is like she is making fun of me… it is like what are you talking about I am never going to have that. (Participant 8)

3.2.2.3 Invisible Injustice: "One small piece of sand of the Pacific Ocean"

Further to the NRM perhaps being conceptualized by participants as oppressive women also spoke to the reinforced inequality of being denied the right to justice. Participants referred to their insignificance constructed by social injustice.

I am here illegal… don't do any work, don't have paper, don't have nothing, it is just like one small piece of sand of the Pacific Ocean (Participant 6)

Participants demonstrated the various ways in which they experienced being considered insignificant and invisible by the State and its actors. Participants highlighted the errors made by the Home Office.

I have given them information but when I get letters from them they give me something different. … they said oh yes, we made a mistake…So it got me thinking… do they really bother with the information we give them, I don't

know… it brings fear that we make a decision on things that I didn't tell them (Participant 14)

Participants demonstrated how their lawyer's lack of communication could be considered to reinforce inequality.

Lawyers…they are just coming to on the wounds…put chilli powder because you can't say you have lawyer whereby you don't get contacted by your lawyer….she was supposed to help me with something she said no she won't be able to … she is too occupied (Participant 11)

Participant 11 demonstrates her dependence on a lawyer to protect life but with the question of: in who's interest are they serving.

Interviewer: what does lawyer mean to you?
Participant: Somebody who takes money from the government saying that they are going to help the situation but they are helping the government really … because if they are…not informing you… obvious immigration is likely to take you away because you know nothing is being said much about you, your lawyer is not represented this…so who are they pleasing really? (Participant 11)

Many participants highlighted the extent to which lawyers reinforced exploitation by obscuring the course of justice by serving to protect the State.

It brings fear…because…she knows the law ….so if I need to talk to her to get advice she should be available and sometimes actually I have questions. Is it because the local area or not giving them money from your own pocket? (Participant 14)

The lack of contact with lawyers was related to the construct of insignificance. Below participant 11 demonstrates how lawyer's actions could further dehumanise women.

Some lawyers what I see from them is like no don't worry I have been there before I know these things…you can't say that because every case is different, it is unique in its own way … Don't use the bits and pieces of the previous case, that is what they I think they do normally… everything just like shove shove (Participant 11)

The desire is perhaps for participants' horrors to be acknowledged by the State and justice systems and to be taken seriously by people in more powerful positions.

At least somebody will tell the world that at least I have seen it with my eyes and put it on the record…and as a professional I think that is what is happening … It is going to be proof (Participant 11)

Many participants put their MH in the context of being denied an opportunity to get their crimes recognised by the State and justice served.

Interviewer: how will it affect your health if you got justice?
Participant: I think that's actually… 95% of depression will go away if I have justice (Participant 15)

Participant 14 below demonstrates the potential for psychologists to facilitate the process of crime reporting and giving evidence.

the therapist … give me suggestion of the benefits of getting rid of the fear …contacting the police…she never forced me to do that but she just to wake me up like if you tell the police it is actually good … I felt in my heart like this is the best thing that I could do and I don't regret doing it. I actually feel happy about it (Participant 14)

In conceptualizing participant's experience of insignificance, it was possible to begin to make sense of their perhaps anger at the inequality and injustice they must frequently endure as well as the bewilderment of having to prove they are deserving of justice.

Seeing what my friends are doing and then I am not doing …I start thinking oh how come they get to do that I didn't … What have I done wrong… I been through so much in my life and I am still here waiting to prove to people that I deserve a chance (Participant 10)

Participant 10 continually questions who is responsible for her suffering and with no obvious alternative personal responsibility is assumed.

All my life I just feel like it is my fault every problem that has happened to me…maybe I was cursed…or bad luck so I don't know if if I could be free it would make me happy...You don't understand what it means to be free. (Participant 10)

Participants named the reality of structural inequality and perhaps highlighted the misconception of choice and agency in the absence of power.

If I had the power I would take the courage and knock on the school door but … I have no power… I have to stay here and wait…If I had the permission to stay that would give me power. That would give me that power… For me life has never been easy, never. I don't know why. There are some people like me that life choose to be unright with them. I don't know why it chose me. (Participant 8)

Participants described a sense of abandonment and an experience of no one ever drawing attention to the continual perpetrated injustice they had experienced.

It makes me angry every day you know that where was feminist in my time. Where were they, you know? I look around and didn't find any (Participant 11)

3.3 An Opportunity to be Seen – "I am existing"

Someone…to understand you…That is what is very important to me… it doesn't look like a big deal but to me it is just the world. …because I am

existing …I used to be in the world where I didn't feel like I was existing or that it was even important for me to exist (Participant 11)

The final master theme, 'An Opportunity to be Seen' explores what participants want after experiences considered across the first two themes 'Being Sold a Lie' and 'Never Ending Torment.' This theme is explored through two subordinate themes, of 'Equality' and 'Prevention'. This theme makes explicit women's unmet needs implicit across the two preceding master themes. It considers the ways in which injuries to women's physical integrity and human dignity can be recognized and prevented.

3.3.1 Equality: "Care for who I am not for what I have"

In conceptualizing what support meant, the women described the importance of being provided with unconditional love, respect and consideration by others, with acknowledging it had been absent in their childhood.

Support is like what (name) gave me… He believed in me. He knew that there was something in me not special but a child that wanted to be loved, guided, protected you know just like any other child. Even it was too late because I was old enough but it still felt good (Participant 11)

Many participants expressed a desire to be recognized as human and valued by society.

There are other things that I can do to make myself feel like I am a value again to society (Participant 14)

Participant 10, below perhaps alludes to how you gain value and worth in today's society, mainly by what you do and what you own, hence returning to the concept of whether you are a productive member of society.

I don't even know how we could get respected … when you see people doing well and you respect them but if you see us we are just there… you don't feel respected you just feel like a beggar. (Participant 10)

Many of the women discussed the importance of being able to provide for themselves and their children.

> *Work and provide for my daughter and to try to learn do something for myself…the things I needed to do before (Participant 2)*

Being useful and independent has perhaps particular significance to the construction of gender. What women have can be capitalized on by men who gain value from what they own, in this case women's bodies and human dignity. Participants perhaps demonstrated the desire to be considered useful by society rather than used by men.

> *If they can give women the right you know to become useful… the only thing that can get them out of … all those psychological problem is involving them in a job, showing them look you don't have to live off of a man … actually make your own money and become useful in this society. You can make a contribution …. all you dreams can come to pass when they are given that opportunity … To have something, a meaningful life … here now…you don't have your own freedom…. your right is taken away so you don't really feel complete as a woman…the liberty I want as a woman it's not there…. give us that right to work …we'd have that sense of…okay I am a woman and then I will be empowered…right now I am not being empowered (Participant 1)*

The term 'empowered' above, which perhaps alludes to the dichotomy of wanting power but being dependent on another to 'give this away.' In this process, an inherent power differential is constantly maintained and reinforced. Participants expressed the desire for freedom from male oppression.

> *Freedom is being able to do what you whatever you want to do… without having anyone controlling you, without anybody oppressing you…. be able to know that okay I can do something by myself I don't need to beg because if I beg I be oppressed so that is what freedom means (Participant 14)*

Participants considered how regaining dignity as a woman could be preserved by providing women with the right to be valued beyond what they have (their bodies).

This can also be considered an opportunity to increase their feelings of self-worth through the opportunity to contribute legitimately in society and 'give back.'

> *So, you don't have to sell your body or you don't have to sleep with any man you can actually walk with head…high…feel proud of yourself that's you're not making a living through these means of prostitution… You are helping people or you are doing a cleaning job… because it is not all about identifying the victim and bringing them in a safe house it is when you…give them freedom to go back into the world and really see what the world is like in a different way not the other way of selling their body (Participant 1)*

Being given the opportunity to go '*back into the world'* perhaps speaks to the need for women to be integrated not excluded from society, to regain some power and control without having to compromise their physical integrity and human dignity. It may also connect with the desire to forget because being involved in society can be a distraction from thinking about the past. The extract below suggests how agency can be constructed through formal processes which legitimize in turn, their agency and right to exist (and to quite literally be counted, for example by being able to vote).

> *I want to work and contribute like pay my tax…do everything that any citizen in this country is doing…I want to be part of it… every time they go to vote I feel I wish I can vote… your name will be included in the country to show that you have been there but now nobody knows my name (Participant 12)*

Participant 11 below considers the role of gender equality and justice in regaining stolen physical integrity and human dignity.

> *He was the first man who cared for me for who I am not for what I have… he gave me the love I have never had in my entire life… I knew he meant it from the bottom of his own heart …at last somebody knows that I have been wronged. You know I felt like a prisoner who was accused wrongly you know. (Participant 11)*

Of interest was '*someone knows I have been wronged'* which perhaps alludes to the importance of injustice being acknowledged, demonstrated in Theme 2. Many participants demonstrated the role lawyers can adopt in order for women to feel valued and recognized.

> *they just call me…do you need this, don't worry we are going to do what you want… they are actually fighting my battle or whatever I need …they are always there to help me or to offer any advice (Participant 10)*

Participant 11 below demonstrate how lawyers have a role in humanizing women and also fighting for gender equality.

> *She was brilliant she knows [lawyer] what she is doing, she is the proper feminist… She made me forget that lawyers are bad … She was the best… the way she put things … we got the chance all of us to go and talk to our friend…I knew that one of these weak lawyers was not going to be capable of doing that. I knew that there is a button that she has pressed for us to be able to see our friend …it was just so a good thing for a woman to do for another woman… Concern, passion, know what you are doing (Participant 11)*

Participants noted the extent to which support workers have been instrumental in humanizing and teaching victims about HRs.

> *she was you know….you are a human being you have rights to say no or yes … you are no slave to anyone… before I feel like oh maybe I don't know …she said no you have the right …stand up for yourself you are a human being… it gives me hope… I learn a lot from her (Participant 12)*

Participants considered the value of having a team of professionals working together to restoring their worth as human beings.

> *I can say the team actually because of that team I am right now here because if you had seen me before when I came out you wouldn't believe like I am the one person with the strength here (Participant 13)*

Participants noted the importance of being humanized and recognised through opportunities to be included in society. Participants demonstrated the importance of equality in access to work, education and freedom of expression.

> *I have always wanted to have a job, finish my studies, to have a job to have a normal life. Not to have the life I have had… Everyone in his or her mind builds a life, a life with the things that are expensive, valuable for him or for her… just to have a normal life but for now everything is gone… Even when I saw a student with some books and I am thinking how lucky is he or her or how lucky is she…Who am I and where am I and where is school now? (Participant 8)*

Participant 16 below demonstrates how being included in society could perhaps allow for an alternative valued identity to develop.

> *I need to study I need to work not only for myself but … maybe one day he [her son] ask me 'mum why you don't work' what can I say (Participant 16)*

In conceptualizing equality and being valued many women made reference to the importance of the right to education for women and girls. Many women considered access of education to be important in the quest for freedom from male oppression, perhaps this alludes to the construct of knowledge as power (Vickers, 1992).

> *I dreamed one day to be someone and with someone I mean a person. For example, like you you can walk on your feet and you have no-one who tells you what to do or to force you to do anything, to have a life and that is why education is so expensive to me (Participant 8)*

Of significance was the way in which participants alluded to the positive effects of education as protective and preventative. These also connect with the subsequent theme, 'Prevention'.

I am studying now you know going hanging out meeting friends… learning a lot in my life which I don't know before… now I know I have future now I am studying (Participant 12)

3.3.2 Prevention: "That is my story and I am just going to keep on telling the world what is happening"

In conceptualizing equality women described the importance of collective power to prevent further suffering of women from gender based crimes. Participants demonstrated how they can draw strength and hope from community groups in particular from other women who have experienced HT.

The women's groups… you talk about how you be doing in life…women who are in similar situations… talk about what their dreams...It is useful because I have made friends that I call family and we do things together…you get information…encouraged by people who have been going there …just be surrounded by people…. who understand exactly what you are talking about (Participant 14)

Participant 14 above demonstrated the value of being around others *'who understand.*' This perhaps connects with the desire to be heard and reality of their experiences understood. Of significance was the way in which women perhaps used this shared understanding to highlight the need for prevention. Many participants recognised the potential for further discriminatory suffering of women and girls and the hope that this could be prevented for future generations.

It is a situation that myself and I don't wish it on anybody. I cannot say I am out of it I don't care. I care about the people who are still in that situation but they have been lied to. They are still being oppressed. (Participant 14)

Participant 9 speaks of the importance of action.

Everything it needs to be not only theory but put in practice. … It is actually the action of tomorrow that has done the work…everybody can talk… but it is the action that needs to be done (Participant 9)

Participant 11 takes this further to demonstrate the need for gender based action, which perhaps alludes to importance of social and political action to facilitate change.

Somebody has to do something about our situation not only my situation … I learn that I was not the only one that who is suffering in this cocoon … how much pain in this world that are locked in women is a disaster because you know women we have a lot to do, to take care of (Participant 11)

Participants described how VAW can be silenced and minimized and the potential for community action groups to raise awareness for VAW.

we can come up with powerful feminists who will understand each and every category of pains in our women society and help each other according to our experience plus knowledge… we are building up a strong women community you know and trying to prevent each other from somethings like this to happen…this way we are protecting the new generation of feminist. They are strong enough to prevent it rather than learn from it. (Participant 11)

Participants highlighted the potential for prosecution as a form of action in the prevention of further harm. However, they also considered how difficult securing prosecution was, particularly as they had not always experienced being given clarity around the process of giving evidence.

I can give them information that will be evidence… but the police must survive the giants standing in front of us… I think if they [police] explain the process…tell them [survivors] the options…because we don't know them (Participant 14)

Participants spoke of the concept that research was an opportunity to share their experiences with the world in an acknowledgment of the pain and suffering women

are subjected to. This perhaps connects with the desire for people in positions of power to realise and act on the significance of the women's experiences.

> *That sometimes is like a story that I write in a book but that is my story as painful as it is but that is my story and I am just going to keep on telling the world what is happening. There is no way I can miss telling this story because it sometimes it gives me a sense of healing not forgetting but healing a bit. It is like I manage to tell somebody that be careful don't go that route because I have been through that route you know that how it feels like (Participant 11)*

> *I hope that the people in the world, or in here, they write a report or whatever and then encourage a country like mine… because…it is not really right (Participant 6)*

Participants demonstrated the healing aspect of being involved in preventative action. This connects to earlier conceptualizing that participation positively affects MH. Participants gave expression to the importance of their needs being incorporated and considered through the development and implementation of policy and practice.

> *How are they going to know what you going through how is everyone going to even assess the support if people they don't know what to support you with, what kind of support you really need. (Participant 11)*

Chapter Summary

Three main themes were presented, around which participants' accounts were grouped: Being Sold a Lie, Never Ending Torment and An Opportunity to be Seen. Main themes were presented with subordinate themes, together with verbatim extracts from the transcripts and my analytic commentary. The following section will examine the analyses and outline links to the existing literature.

4. CHAPTER FOUR: DISCUSSION

In this chapter, I will consider the extent to which the main themes addressed my research question and further relate them to the existing literature. An attempt will be made to theorise the influences on participants' accounts of how they made sense of the term "support" and the implications of this for research, policy, clinical practice and training. The study's quality and limitations will be considered, with the chapter ending with my reflections on the research process.

4.1 Research Question: "How do women frame their understanding of support and within this what type of support do they see as being useful to them?"

All three themes address the research question by reflecting what women consider when asked to describe their understandings of support and what support would be most useful. 'Being sold a lie' demonstrates how, despite the explicit instruction that participants were not obliged to discuss their experiences of HT in the interviews, for many this was of great significance to how they related to support. Women found it important to contextualise 'support' in relation to how they had come to be trafficked and the means by which they remained enslaved. Literature from the domains of human rights and social justice (Zheng, 2010; Kempadoo et al., 2011) support these findings as they highlight the necessity to understand the historical, cultural, social, economic and political contexts of HT in order to effectively prevent and legislate against HT, as well as support survivors. Kempadoo et al., (2011) argues that divorcing HT from a rights-based perspective and therefore de-contextualising it can lead State and non-state actors to propagate dangerous and popularised images and assumptions about HT. For example, these assumptions can serve to highlight surviors lack of agency and vulnerability in the trafficking process which can coceal integral complex contexts which ought to be recognised and adressed such as immigration policy, global inequality and rising demand for cheap labour. Support therefore becomes professionally understood as the requirement for powerful dominant others (the police, NHS, NGO's and their staff) to save women both from the violence and physical and psychological effects that this has produced. 'Daring to dream' demonstrated the complex interaction between women's ability to act and the social conditions in which these are performed. Women as entirley vulnerable and

passive in the traffcking process was not evidenced. ‘Shattered dreams’ supports Baldwin et al.'s (2014) findings that deception, social and cultural isolation, degredation, threat and torture can all be used as a way of controlling and enslaving women. In accordance with the literature (Zimmerman et al., 2011) the importance of establishing some form of safety and trust with survivors is evidenced however the possibility of this is equally debatable given survivor’s experiences of entrapment and injustice in the NRM (see ‘state entrapment and the impacts’).

The health literature (Zimmerman et al., 2011; Clawson et al., 2009; Oram et al., 2016; Yakushko, 2009; Hodge, 2014) which exposes the the potential health vulnerabilities, including the physical and psychological impact of the multiple and severe forms of violence, coersion and threat can be supported within theme two, ‘never ending torment’. The participants however did not use the language of diagnosis such as ‘depression,’ ‘anxiety’ or ‘PTSD’ to answer questions about their conceptualisations or requirements of support and therefore a distiction between professionals and survivors conceptulisations of health and ill-heath is evidenced by this research. This perhaps reflects the interview questions which were open-ended and purposely attempted to avoid reflecting professionals conceptualisations of health. This research instead supports previous findings that western diagnostic systems used to understand suffering may not be straightforwardly applicable for populations of survivors of HT and may be incongruent with survivors own understandings or value systems (Hodge, 2014; Yakushko, 2009). Theme one ‘being sold a lie’ and theme two ‘never ending torment’ together demonstrates the complex interactions and compounding nature of previous experiences of violence and it impacts, and their current experiences in the NRM and its impacts. The analysis demonstrated that the actions or inaction of the State and its actors can trigger a number of psychological effects similar to those induced by the traffickers’ abusive behaviour (feeling remote, depressed, resigned, a fear of authorities, destroying identity, dehumanisation, depersonalisation, mistrust, feeling that things are fake). The complexity of these processes can perhaps remain concealed and obscured in western diagnostic conceptualisations of distress such as PTSD and trauma.

Theme two ‘never ending torment’ and three ‘an opportunity to be seen’ take this further showing participants did not approach the meaning of support with passivity,

objectivity or neutrality. This is again contrary to research which objectifies, neutralises and sanitises suffering (Patel, 2011) by conceptualising it in in medical and psychological frameworks of diagnosis such as depression, PTSD or trauma (Oram et al., 2016). On the contrary, women actively brought forth their experiences of suffering to put these within a VAW and rights based framework in order for their requirements to be made visible and acted upon as a dimension of support. Survivors considered the process of healing as a collective political feat which somewhat supports Hodge's (2014) findings that suggests that professionals must work within a system that makes sense to the survivor. Hodge's (2014) example was for professionals to consider working with traditional healers which this research would support as many women understood their experience through religion. This research however goes beyond these findings to evidence the need for support to be situated within a political framework and therefore women's participation in both society (through the right to work, vote etc.) and community social action groups, could be useful as ways of supporting survivors of HT.

This research highlights the possible difference between professional and survivor's conceptualisations and requirements of support. The discussion will go on to further consider how the uncritical reliance on professionals' assumptions about violence and suffering (see Chapter One) can produce unhelpful responses.

4.1.1 Further Discussion

Research on the multiple physical and psychological forms of violence and suffering from experiences of HT (Zimmerman et al., 2011) is supported by the themes of 'being sold a lie' and 'impact of experiences on health.' However, the analyses in Never Ending Torment demonstrates what existing research has failed to examine: (a) the physical and psychological forms of violence perpetrated by the traffickers and State and consider these as mutually reinforcing, (b) the impact of health in relation to the cumulative forms of violence perpetrated by traffickers and the State, and (c) whose needs are served within the NRM process. The concepts of power and interest (Smail, 2010) are central in addressing these neglected areas because they may contribute to how and why they remain concealed.

‘From one form of entrapment to another’ demonstrates how the State’s use its power (an ability to influence others in accordance with its interest) (Smail, 2010) can reproduce the destruction of agency and trust seen in ‘being sold a lie’ through its interest (means through which power is transferred) (Smail, 2010) in perpetuating isolation, dependence and subservience on the State.

In ‘State entrapment and its impacts’ participants gave expression to the State interest in their exclusion from society, through reinforced structural inequality; denial of access (via delayed access to residential status) to knowledge, work, education and freedom of expression. State reinforced exposure to structural inequalities can perpetuate exposure to intersecting forms of social inequality seen across participants’ accounts in a ‘never ending torment’ of stigma and discrimination based on race, class, residential status, socio-economic status and sex. This can evidence how the NRM may satisfy the needs of the Sate but can fail to satisfy those of the survivor.

‘From one form of entrapment to another’ can encapsulate how state actors: lawyers, psychologists, Immigration Officials in the Home Office and workers in NGOs can support and protect the State through the reinforcement and reproduction of power differentials. This is demonstrated through practices which establish dependence, inequality and social injustice. Marx & Engels (1968) might understand this legitimised oppression by state actors as a way of appearing to moderate conflict between classes but in reality, depriving the oppressed of a means to overthrow the oppressor. The State becomes the oppressor in its failure to: prevent large scale transnational organised crime; criminalise and prosecute perpetrators; eliminate national poverty and reduce both national and global social inequality.

The term HT is a case in point, whose interest does it serve? Arguably seen in ‘dependence of the State’, not the participants. Many participants considered the term unfamiliar and inaccessible, potentially preventing identification, state protection and perpetuating a helpless dependence on the State. It can serve the State who can retain the power to grant people worthy or deserving of humanizing (through access to life sustaining protection). Humanisation may be a personal endeavour but

in the analysis, appears as a social and political enterprise to serve in the interest of unequal power differentials (Marx & Engels, 1968).

Lawyers and immigration officers were considered by participants (see main themes two and three), as vital to their lives being sustained and protected and to be considered human, worthy and deserving of such. 'Invisible injustice' demonstrated the potential pain and suffering lawyers could reinforce through their lack of action or communication. Wexler (1970) considers how the law can be an intrusive and abrasive force and a further source of suffering particularly for clients in poverty. Gavigan (1999) takes this further considering how inequality across intersections of poverty, class, ethnicity and gender can be ignored and reinforced through legal aid. In 'an opportunity to be seen' participants considered their dependence on lawyers for crimes to be acknowledged and politicized not only by the State but wider civil society, indicating lawyers role in prevention. Buhler, (2012) highlights the challenge to lawyers (who can be confronted daily with suffering) in terms of how they understand and respond to this frequent and repetitive exposure to human suffering. She claims stories of suffering can often create personal and professional conflict; engaged personal empathy as destabilizing to normative notions of professional identity about how lawyers 'should' respond to suffering.

In 'invisible and insignificant injustice' participants gave expression to experiences being silenced, minimized and generalized. Menzies Lyth (1990) research considers how recurrent exposure to the reality of suffering (by service providers) and the conflictual feelings this can evoke (guilt, compassion, hatred) can be projected into clients such that this heightens clients' experience of depression, anxiety, fear and disgust. Given the current global socio-economic and political contexts, widespread poverty, marginalization, and other forms of systemic and gender based violence could render lawyers and psychologists alike, less attentive when a client attempts to name the violence that threatens her life (Buhler, 2012). Menzies Lyth (1990) suggests organizations and their actors can employ various techniques to manage their anxiety including; depersonalizing people to eliminate individual distinctiveness and introducing blanket duties and privileges as well as ritualizing their practice. This also supports Patel & Fatimilehin's (1999) suggestions that 'blanket imposition' of psychological theories can be employed by professionals. 'State entrapment and its

effects' and 'invisible and insignificant injustice' supports these findings in relation to the experience of further depersonalization and dehumanization by professionals.

In 'never ending torment' it may be possible to perceive a remarkable similarity across psychologists and lawyers in their tendency to displace client narratives (Alfieri, 1991), by which they can silence the voices of clients and operate on false assumptions about client dependence and powerlessness. Similarly, the epistemological imperialism and positivism within dominant psychological models (see Chapter One) (Imai, 2002) was demonstrated across lawyers. Imai, (2002) suggests traditional legal practice involves "invading, subjugating and transforming other peoples' realities into forms and concepts that [make] sense in the world of law." Alfieri, (2007) argues these practices constitute acts of "interpretive violence", serving to perpetuate state inflicted exploitation.

This literature emphasizes the analysis across 'invisible injustice' and 'an opportunity to be seen,' in which participants questioned their position as sources of information to assist crime and prosecution. 'Invisible injustice' considered how participants can feel that their evidence serves in the interest of the state *to* protect the state as opposed to being protected *by* the state. For example, using evidence to prosecute traffickers and not protect survivors through granting asylum. 'Opportunity to be seen' considers participant's agency to speak out and act collectively on problems and prevention, which provides support for Piomelli's (2008) research that lawyers and their clients should work collaboratively to seek active social change. In 'Equality' participants demonstrated the potential for lawyers to soothe suffering through practices aimed towards connecting with a common humanity. This is perhaps not a quest to entirely equalize power differentials but for State actors to recognize their power and work within a political framework designed to make explicit inequality and injustice in an attempt to address it (Patel, 2003).

This research focuses predominately on the actions of the State and its actors because of the State's legislative duty to support and protect survivor's human rights, particularly in the 45-day reflection and recovery period. This does not abscond the responsibility of the trafficker's and the often large and transnational networks of organised crime, in committing such violence which has lead women to require

support. It is beyond the scope of this research to consider how HT can be prevented however theme three ‘an opportunity to be seen’ suggests prevention of HT is understandably important to survivors. One form of prevention is to ensure prosecution and convictions can be secured for HT offences however survivor’s experiences across ‘never ending torment’ demonstrates the difficulty of this from their perspective. Survivors demonstrated the usefulness of being involved with prevention however further research would be required to explore exactly what role survivors and professional could take in preventing HT.

‘State entrapment and the impacts’ situates suffering and distress within the current context of; waiting for a CG and asylum decision, lack of legal advice, unknown time scales and an undetermined future. This analysis extends Beddoe et al’s (2015) study that reported a deterioration in MH *post* NRM, to evidence the deterioration in MH on being *in* the NRM. Both highlight the exploitation of limited social care support and transition which can lead to experiences of social isolation and abandonment. Böttche, Heeke, & Knaevelsrud (2016) consider the sequential experience of trauma across refugee populations who can experience specific stressors related to residence status constituting towards an additional likelihood for developing physical and psychological distress. The idea of sequential trauma (Keilson, 1992), although relevant to this analysis, perpetuates the construction of ‘trauma’ which was not simply and straightforwardly reproduced by participants.

‘State entrapment and its impacts’ highlighted how constructions of trauma and other diagnoses were not used by participants to make sense of their experiences nor its impacts but instead were given to participants by MH professionals. Inherent in this process is yet again reproduced power differential which demonstrates how psychologists like lawyers can become complicit in reinforcing oppression through practices which establish dependence (on applying false assumptions to clients’ accounts) while obscuring women’s own understandings of their experiences and own ideas of healing (Patel, 2011).

‘State entrapment and the impacts’ supports the evidence that western reified constructions of trauma can promote the assumption that psychological ‘support’ is necessary as a means of amelioration of ‘trauma’ (Foa & Rothbaum, 2002). Although

therapy was acknowledged by many participants as appreciated, many equally spoke to the idea that a psychologist's role was to help 'forget.' The analysis contests that this assumption was neither one developed by survivors nor served in the interest of survivors.

It is possible to contest the development of this assumption based on how participants themselves gave expression to their experiences and its impacts. 'State entrapment and the impacts' demonstrated how participants used faith as an important means of understanding their experiences and resolving the impacts. Faith can be silenced in domains of psychological theory, practice and policy through privileging sanitized and de-politicised 'scientific' understandings of suffering and healing (Bergin, 1991).

The analysis suggests that MH professionals could be responsible for capitalising on survivors' concept of 'remembering as unhealthy' to perpetuate socially, economically and politically sanitized stress-vulnerability models (Boyle, 2011) of suffering and healing. Theme one and two highlighted how participants considered the collective, social and structural aspects of suffering and therefore how social injustice and inequality are intimately linked to personal pain. This had potentially been silenced by psychology in their pursuit to transform political acts (HT) into personal experiences and locate the power and responsibility to change or 'forget' within the survivor and condone HT (Patel, 2011). Forgetting was considered the survivors responsibility, whereby change was located within their personal identity, through a reliance and dependence on MH professionals.

'State entrapment and its impacts' highlights how psychological services and policy do not serve in the interest of survivors. Participants acknowledged the inappropriateness of services offering a small and limited number of sessions. Psychology is complicit in constructing dependence and reinforcing powerlessness to later exploit this through arbitrary policy driven recovery time-frames (Clark, 2011). Short transition periods are not only restricted to the discipline of psychology but are present in the NRM policy which exploits women's 'dependence on the state' to "abandon" them in either 48 hours or 14 days, time frames which Participant 14 described as "abusive."

‘Prevention’ considered the means by which participants could serve the exploited through collective social action. Dominant notions of personal ‘trauma’ (see chapter one) seen across CP could silence the healing properties of collective power and action. Developing collective power and action can be demonstrated through both faith (Neale, 2011) and social action models (Holland, 1992) for example. Concepts of power, resistance and liberation in therapy have been considered and documented by some psychologists (Afuape, 2011; Afuape & Hughes, 2015). These have aimed to understand human experience within the context of power and oppression, and the socio-political structure in which these relationships exist (Afuape & Hughes, 2015). Suffering and healing from liberation and social action psychotherapy models (Holland, 1992) can be addressed through dialogue challenging oppressive socio-cultural and relational conditions, which can lead to individual and collective liberation (Afuape, 2011). Although not without their own limitations (see p43-47 in Afuape & Hughes, 2015), these alternative models can perhaps limit the extent to which state actors reproduce dependence and powerlessness. The Trafficking Care Standards document (Andreatta et al., 2015) makes no reference to the healing aspect of social action and prevention.

The analysis reflected the role of participation in how participants framed their understanding of healing and support. Participation was conceptualised as liberation from the State and men. The means by which participation becomes liberating or oppressive is perhaps dependent on the political context and ideology in which it is located. Participation in collective social action as ‘prevention’ and liberation has been discussed, however it is imperative to consider the political ideology in which participation will be situated in the UK in coming political contexts (e.g. post-Brexit).

Neoliberalism has underpinned much of our political leadership and polices in the UK (Monbiot, 2016). Neoliberalism rewards productivity, with merit placed on “the market” and competition to deliver benefits. It suggests everyone gets what they deserve. Common humanity becomes displaced and regulated by modern consumerism and visible ‘liberty’ to buy and sell, whilst inequality becomes reconceived as inevitable for the greater good (Monbiot, 2016). Enterprises can be developed to justify the greater suffering of the exploited on the grounds that people

are ‘different’ in some way (e.g. racially, sexually) (Dorling, 2015). Individualism prevails and the reality of our common humanity fades in favour of the imposed ideology to obscure that denial (Monbiot, 2016). For Marx & Engels (1968) the irreconcilability of class antagonism, produced through this ideology serves to develop and maintain power. However, as participants in ‘Never Ending Torment’ ask, what do they deserve?

Participants’ desire to produce in ‘never ending torment’ can speak to neoliberalism; value and dignity can be achieved through their opportunity to compete. However, this ideology was also the means through which their human dignity was lost and destroyed. Gender inequality becomes reconceptualised as a useful response to market forces and the commodification and exploitation of women’s physical integrity reasonable to serve these needs. The idea of participation as liberating in the guise of neoliberalism is oppressive and reproductive of unequal power (Monbiot, 2016; Marx & Engels, 1968).

‘Never ending torment’ demonstrated the neglect and reproduction of gender oppression, commodification and persecution of women by the State. The gender based violence perpetrated by the State or “legal perpetrators” was de-politicized, invalidated and concealed in the failure to contextualize suffering. This is not in line with legislative duties which require all practice to be legal under the VAW frameworks. Furthermore, failure to secure successful prosecution considered in ‘invisible and insignificant injustice’ was another reproduced VAW according to participants.

Whether it be torture or entrapment enacted by traffickers, exploitation or obstruction of justice by the state and its actors, the impact is the same. To induce and sanction the humiliation, dependence and oppression of women (Patel 2011;2008). Unchallenged gender inequality and the continuation of the commodification and dehumanization of women sanctions a patriarchal system.

Embedded throughout the analysis participants demonstrated a felt sense of personal blame and responsibility for ‘being sold a lie’ and ‘never ending torment’ despite the acknowledgment that it was out of their control. Through the lens of

neoliberalism, it could be possible to understand ‘being sold a lie’ as an individual weakness in the ability to achieve a life which they did not deserve in the first place and ‘never ending torment’ as a deserving consequence to ‘irresponsible’ action. From this misleading position, participants’ feelings of responsibility can become exploited to divert attention from the causes of suffering (Monbiot, 2016; Smail, 2010).

The illusion of having a choice (in a context and reality of having no power) that women refer to in theme one and two may speak to the fallacy ‘being sold’ to us through neoliberalism. The illusion that as individuals we each have equal access to agency and free will and thus get what we deserve (Smail, 2010). However, concealing the reality that to be responsible we must have some power in order execute our agency (Smail, 2010). Therefore, responsibility can be restricted by the power you have to change, which participants in ‘never ending torment’ demonstrates is minimal by virtue of it being ‘stolen’. Earlier discussion demonstrated how State actors become embroiled in implicitly turning the gaze from circumstance to individual, thus evading the constitution of societal organization as the source of difficulty. The State demonstrated this redirection of responsibility in the NRM policy documents which announce survivors are to use the NRM process to “reflect on what they want to do next.”

The analysis could suggest that for survivors, understanding their suffering becomes an impossible task as a result of continual State and societally sanctioned deception. Unless the State and its actors can both critically reflect and act on encounters of suffering they will continue to produce and reinforce dominant understandings of suffering as a private, non-legal, emotional, or psychological experience, a matter to be sanitized, managed or ignored (Buhler, 2012). This makes the state and actors responsible for reinforcing decontextualized and uncritical supportive, clinical and legal practice. Reification of notions of ‘HT’ ‘trauma’ and ‘professionalism’ serves in the States’ interest to reproduce dominant images of poor trafficked women who are helpless or responsible for their suffering, fetishizing the reality of suffering (Buhler, 2012).

‘Opportunity to be seen’ considers the benefit of reconnecting with our common humanity and establishing ‘Equality’ across and within borders to actively prevent

further suffering. Returning to a HRs based perspective this research demonstrates that we all share the right to expect, and have an opportunity to, ‘be seen.’

4.2. Implications

4.2.1. Clinical Practice

First and foremost, this research (in line with a HR-based approach) suggests that encounters with survivors of HT in clinical, legal and NGO practice must be understood as encounters with human beings and our shared humanity recognized and acknowledged. Subsequently, encounters should be understood as the product of systemic forces resulting in the survivor’s suffering. This could be made possible by State actors working within a socio-political and contextual framework to make explicit links to structural violence, inequality and injustice.

Where not already implemented, service providers could adopt individual advocacy in which they (a) ensure survivors are fully aware of their rights and entitlements, and know exactly what they can expect from the NRM, the State and its actors (Andreatta et al., 2015) and (b) ensure survivors basic HRs are upheld. This would involve ‘working alongside’ survivors (Denborough, 2014) to consider how survivors and service providers could assist each other in developments in social justice. This however will require professionals to attend to women’s potentially painful accounts which will require ‘reflection in-action’ and ‘reflection on-action’ (Schön, 1987;1991). Clinical supervision could be considered useful for all service providers and organizations working with survivors to reflect on the impact of seeing the reality of suffering. This could help organisations safely integrate vulnerable parts of themselves and reduce anxiety that may be projected on to survivors (Smail, 2010) as well as help reduce the likelihood of organizational defences being employed. Supervision can also aid the process of critical reflection on power differentials (Smail, 2010) to bring assumptions and prejudices (Patel, 2003), into consciousness (Brown, 2010). This may assist in drawing attention to social inequalities (Miller & McClelland, 2006) and avoid “interpretive violence” (Alfieri, 2007) . Clinical psychologists could be well placed to offer supervision to service providers and legal colleagues.

Clinicians should recognize the healing potential of participation in community and social action groups. Community psychology offers a contextual and political approach to therapy (Orford, 2008) whereby psychologists become agents of the local community and support innovative responses to oppression through advocacy, lobbying, community mobilisation, community networking, and policy formulation. (Holland, 1992, p.141) provides an example of how survivors could move *"*through psychic space into social space and so into political space*."*

Psychologists should carefully consider survivors' contexts in particular the unpredictability and instability of their current situation. This could mean 'co-creating' the intentions and hope of therapy (Lee, 2013; Fredman, 2008). This can avoid essentialist assumptions that therapeutic models and medication are necessary for 'recovery.' Due to the 'fear and mistrust' survivors have experienced psychologists could also be open to offer more sensitive timescales in therapy which allows time for clients to build trust.

To affect these implications a summary of this research in the form of a 'press release' for NGOs and specialist health services could be developed.

4.2.2. Research

Given that this research has highlighted what survivors may find useful from services further exploration into making this possible is warranted. Further research to compare and contrast survivor's understandings and needs for support with those of the service providers (state and non-state actors) could be useful to highlight specific areas in which misunderstanding and miscommunication could occur. Within this it may be useful to consider the experiences and impacts of hearing stories of suffering of State and non-State actors. This might direct us towards insights into what could be implemented to support potentially 'wounded healers' (Dunne, 2015).

The exclusion of men and children from the study was justified in section 1.7. However, further research to include men's conceptualisations and requirements of support may prove useful given that the future may see a shift in the number of men

that access the NRM. Recorded data has already seen a recent rise in number of men trafficked for labour exploitation (National Crime Agency, 2015).
Further research may be useful to identity how survivors of HT could contribute towards campaigns designed to prevent HT such as A21 and Hope for Justice. Primary prevention strategies have worked to provide educational awareness of the risks of being both recruited to be trafficked and/or to be recruited into organised crime groups.

4.2.3. Policy

The analysis highlights survivors hope to go beyond reflection and engage in action and prevention as a means of healing. Engaging in policy-level advocacy and prevention activities using HRs legal framework is one area of potential action which can promote change (Schreier & Berger, 1974; Patel & Mahtani, 2007). Prevention can address the impact of HT and strengthen knowledge, attitudes and behaviours to promote well-being (Romano & Hage, 2000). Monitoring the impact of the current NRM policy and triggering policy change is a potential action point for psychologists who have the skills required to collect and formulate the evidence required to do so.

Participation in 'prefigurative action research' (Kagan & Burton, 2000) could inform longer term change through the development of briefing papers. This could address participants' suggestions to go beyond thinking to action. 'Prefigurative action research' addresses those social relations and forces that constrain progressive social reform and goes further than 'merely interpreting' the world (Marx, 1888). This research has the potential for the development of a briefing paper to raise the awareness of the health impact of the NRM. Further action research has the potential for survivors to reclaim ownership over the term HT and raise awareness of exploitation and increasing access to education for women and girls. To implement such practices successfully would require working together with civil society, state actors and the UN to work collectively with good communication, partnership and humility. I acknowledge that this could be difficult to achieve.

HT is a crime; therefore, psychologists have a legislative duty to respond to the legal policy framework that promotes prevention through crime punishment and prosecution. As Chapter One described crime punishment and prosecution has been the main focus of state occupation and funding. However to obtain sufficient

evidence required for successful prosecution, survivor's physical and psychological health must be prioritized and protected (Pena & Garcia, 2015). Survivors must feel both safe enough and valued enough by the systems which surround them in order provide potentially life threatening evidence about transnational organised crime groups. This research suggests that how the NRM functions to date would be unlikely to be conducive to successful evidence gathering. Psychologists could support lawyers in ensuring the women they represent can better have their concerns noted and better their access to justice and healthcare.

4.3 Limitations of the study

This section considers and discusses a number of limitations of this research.

4.3.1 Sampling Limitations

Most participants expressed a sense of responsibility to contribute to this research, in order to voice their injustice and contribute to knowledge production in this area. Many participants spoke of their motivation to use the interviews as an 'opportunity to be seen.' They reported the healing potential of participation, nearly all expressed gratitude for being offered the opportunity to participate. I was acutely aware of my 'white privilege' and resultant power to have accessed many freedoms which participants were still being denied. Despite my attempts to foster a collaborative, egalitarian relationship, power hierarchies can silence people (Fredman, 2007) and this power dynamic would undoubtedly have shaped the nature of our conversations and my analysis of the data.

4.3.2 Epistemological Limitations

In adopting the critical realist epistemology within a realist ontology, I attempted to theorise and question imperialist assumptions of the concept of support (realivism), whilst attending to the material reality and contexts of women survivors of HT. This could present limitations that it selectively problematizes the concept of 'support' but not HT (Hammersly, 1999; Harper, 2012). It could be argued that this can lead to a manipulation of data and 'ontological gerrymandering.' Kempadoo et al., (2011) suggested that women's experiences and 'opportunity to be seen' can be denied through the social construction of HT and this study was potentially restricted by the

ontological assumptions of HT. Researchers have however suggested that through reflexivity (discussed further in the section 4.4) 'ontological gerrymandering' can to some extent be recovered (Harper, 2012). The honesty of my chosen epistemological position and method were strengths, as they allowed the use of different theoretical principles in my analyses. However, as a novice researcher, unwarranted epistemological pluralism was perhaps difficult to avoid (Willig, 2013).

4.3.3. Methodological Limitations

One of the potential weaknesses of this research is the lack of participant 'demographic' data to help 'situate the sample' (Elliott, Fischer, & Rennie, 1999). Gathering and presenting this information was not consistent with the ethical guidance and assurance of the study. Anonymity was paramount to protect participant's safety and therefore collecting particular personal data was excluded. However, significant aspects of intersectionality have been cautiously explored in the analyses.

Despite my use of Smail's (2010) power relations framework and Marx & Engels (1968) theorizing on oppression in data interpretation, in undertaking TA I have had to a significantly reduce a large quantity of data. This inevitably involved a loss of subtlety. I have attempted to account for the similarities and differences in participants' accounts. It was difficult to highlight differences across accounts as this often related to alternative charity providers' provision and drawing attention to this risked participant anonymity. Similarly, when connecting different accounts, the conversational context where participants' meanings were shaped became obscured. This may have limited the depth at which context was theorised. The constraints to the large data set however do not override its strength in providing common themes to reflect a shared experience of power relations, indicating some theoretical saturation (Hugh-Jones, 2010).

The study used two interpreters which may have presented some limitations to recruitment, data collection and analysis. The complex web of power hierarchies and mutual dependencies would have undoubtedly shaped participants' responses (Patel, 2002). For one participant in particular, I felt the presence of an interpreter may have limited her responses and I noticed at times she stopped herself from

elaborating. I made an ethical decision to ask less follow up questions in order to respect the power dynamic that was present in the room. As a clinical psychologist, I was hypervigilant to potential power dynamics which can silence people and was sensitive to the amount people felt able ad safe enough to disclose. Interpreters themselves will bring with them their own social and political histories that will influence participant talk and the interpreter's translation of this. I attempted to manage this by using interpreters who survivors were familiar with as well as fully briefing and de-briefing them. (Westermeyer, 1990) highlights that words have specific emotional and symbolic meaning which demand skilful interpretation to transmit denotative meaning. Back-translation may have been useful to ensure further validity of translation (Davis, 2008) but for logistical, confidential and anonymity purposes this was not employed. Beyond the constraints of working with interpreters it also afforded those who were silenced by the language barrier the 'opportunity to be seen' and exercise their rights of freedom of expression (Patel, 2002).

4.3.4. Generalisability

Qualitative research does not intend to create generalised claims (Willig, 2013). Survivors of HT are not a homogenous group, neither are the services and professionals supporting victims. My analysis of the reports from participants in this study does not result in a unitary understanding of how all survivors of HT frame their understanding of support. Although these accounts are particular to the participants who offered them, there were consistent themes which could be used to inform; future policy, research, the practice of state actors and the design and delivery of services.

4.4 Reflexivity

Reflexive thinking is vital to practice research ethically (Darlaston-Jones, 2007) and I now consider three forms of reflexivity recommended by Willig, (2013): personal, epistemological and critical language awareness.

4.4.1 Personal Reflexivity

In developing this research project, I felt that my position as a young, white British, middle-class, female undoubtedly influenced my understanding of how survivors of HT framed their understandings of support after experiences of HT. I struggled with my own 'white privilege' and my access to freedoms which participants were denied. Within the context of my liberal and left wing politics I recognised that the corollary aspect of my current and historical white colonial privilege had been at others' expense. This resulted at times in feelings of intense guilt, leading me to stick closely to the interview schedule potentially inhibiting responses.

This research has particular meaning to me as a woman. I came to this research with the assumption that all prostitution was exploitative and that HT and prostitution were incompatible with the worth and dignity of a human being. My body physically reacted to painful stories of torture and rape. In light of this I constantly felt a certain ethical responsibility towards not silencing or neutralising their painful stories of violence. This became obvious during the write up of the analysis when choosing between quotes and I found myself in the position of 'cutting' out people's voices in a repulsive process of considering whose violence was more profound. I was pulled in to the concept that some pain is worthier of consideration than others, a demonstration of my privilege and socio-political context.

Bearing witness to corruption and violence was extremely challenging both personally and professionally. I felt it was important to acknowledge, apologise for and condemn the acts of violence that participants had been subject to by expressing my non-neutrality towards VAW. Women's reports of the violence in immigration centres was concerning and I questioned my duty to report these. I discussed this dilemma with the participants and they explained that they had reported these experiences to their staff teams and lawyers and an independent complaint was unnecessary. My supervisor and I felt that this was satisfactory given that this was not a new disclosure and had been already reported.

My supervisor for this research, a black woman, provided continuous supervision in order for me to reflect on my personal and professional identities. Her unremitting integrity, ethics and moral composure has tirelessly inspired yet challenged me at

every turn. Undoubtedly our close working relationship has influenced this research in numerous ways. Together we felt very strongly that I should present an honest, accurate and unsanitised account of my participants' talk, without committing "interpretive violence" (Alfieri, 2007).

4.4.2. Epistemological Reflexivity

The limits of the knowledge produced are an important consideration. In my attempts at theorising both realist and constructionist aspects I have certainly grounded my critiques in aspects I hope to consider or preserve as real (such as HT and the exploitation of women) and relativise aspects of it that I want to question or deny (such as 'support').

This real-ising and relativising were most likely meditated by my moral and political positions and experiences rather than epistemology or ontology (Nightingale, 1999) (Woolgar & Pawluch, 1985). Furthermore, the critical realist aspect of my epistemology permitted both semantic and interpretative level analysis of participants' accounts. Interpretative analysis is grounded in the premise that participants may not be aware of every factor influencing their accounts (Willig & Stainton-Rogers, 2007). This presented several constant ethical dilemmas throughout the analysis especially 'suspicious interpretation'(Willig, 2013), due to the sensitive and personally relevant nature of sexism. I was cautious of superimposing Eurocentric theorising and psychological constructs onto participants' accounts which could reinforce oppression and highjack the women's felt sense of being given an opportunity to be understood. Despite the validity of this study, the inherent power differential caused me to consider whether my interest in participants' accounts could have contributed to their oppression.

As discussed, for many participants English was not their first language and therefore interpretive analysis was problematic as meaning-making through language is informed by the culture in which it has been developed (Lenkauskienė & Liubinienė, 2002). This may have meant I more frequently leaned towards a more realist interpretation of the data in order to avoid seeking latent meanings that they had not intended.

4.4.3 Critical Language Awareness

This domain of reflexivity required me to consider how my use of language may have affected participants' responses. Awareness of linguistic constructions has been essential to this research. For example, my use of the construct 'HT' may have contributed to a homogenisation of the women that I was attempting to resist and participants explicitly named. Due to the named unfamiliarity and inaccessibility of the term I undoubtedly reinforced an already present power differential. Additionally, my explicit use of the term 'psychologist' to identify myself may have led to response bias in an attempt to please me. Throughout the report, I was aware of homogenizing psychologists.

4.5. Quality in Qualitative Research

Methods used to evaluate quantitative research cannot be reproduced to examine the quality of qualitative research (Ritchie & Lewis, 2003). I have intentionally not taken a position of detached neutrality. However, the value of qualitative research is not defined by the researcher's objective status (Willig, 2013). Willig (2013) posits that evaluation criteria must be aligned with the epistemological position which for contextual constructionist approaches, is thought by Madill, Jordan, & Shirley (2000) to be determined by the researcher's success in situating their analyses within the contexts that created them. This research attempts to ground both participants' accounts and my interpretation of them within their contexts, notably yet necessarily constrained by the word count.

Although there is no prescribed approach to assessing quality in thematic data interpretation, guidelines developed by Braun and Clarke (2006) covering quality concerns for conducting TA, have been followed. The method section documented the process and it was followed as rigorously as possible. However, it is notable my positions as a researcher may have influenced my interpretations. Accordingly, my conclusions are one possible account of the data, which I believe I have honestly accounted for throughout the data.

Guidelines developed by Elliott et al. (1999) have been considered when examining the quality of this research. They suggest several dimensions including: situating the

sample; owning one's perspective; grounding in examples; coherence of the data; accomplishing general or specific research tasks as intended; providing credibility checks and resonating with the reader. This research hopes to present enough evidence to demonstrate that I have broadly addressed these dimensions. Throughout the analysis, regular contact with my supervisor, assisted and questioned the development of my thematic map to ensure my themes were aligned and as 'true' as possible to interview extracts.

4.6 Considerations for Future Research

For future research, it would perhaps be important for researchers to recognise and acknowledge the extent to which many women have been physically, sexually and emotionally violated in the process of HT. This research demonstrates how women, if given the opportunity, can find it useful for people working alongside them to realise, recognise and connect with the horrors they have experienced. Reporting and hearing accounts of torture and abuse can inevitably have a physical and emotional effect on researchers. Regular supervision throughout the research was invaluable to my wellbeing and I had to come to terms with the perhaps impossibility of entirely resolving the anger and sadness that the many stories of suffering left me with. On the other hand, as the participants highlighted, maybe the anger is important to hold onto to propel us forward to initiate change in the fight against injustice.

Allowing longer time-frames to analyse data due to the potentially sensitive and emotional content would be advisable in future research and researchers should be open to flexible working hours during data collection. Researchers have an ethical duty to capture the richness of women's experiences and ideas to promote change and therefore giving women the opportunity to do so is paramount. Researchers must approach survivors with respect, honesty and humility at all times and researchers must not discount the importance of spending time and energy in engaging both survivors and NGO's in the value of participating in research.

4.7. Concluding Reflections

This research demonstrates that the current structure of global society is grotesquely unjust; however, what is perhaps more unjust is our persistent unethical and dangerous means of maintaining it this way (Smail, 2010). Although this research hopes to challenge ruthless inequality I have often felt exhausted and saddened that this research could be resigned to the mounting pile of social critiques that are considered counterproductive in their running battle with ruling power. I have struggled deeply both personally and socially with the question 'will it ever change?' Will men ever see women as more than an instrument to their own satisfaction and will we ever not feel blamed and responsible for our skirts being too short? Will your privilege always trump mine and will my privilege in turn always subjugate others? Unfortunately, I agree that wherever power lies, it always triumphs (Smail, 2010).

To my own and those critics, maybe it will not change. However, there is not a day that will go by that I will not try to lay my head down at night with the hope that it can. Maybe we have to live within the limits of what we can achieve but that does not mean we should underestimate another chip at the "*giants standing in front of us*" (Participant, 14). Our common humanity may kill us before it unites us but I will leave the concluding remark to participant three:

> *"You are rich, you are poor, whatever we are one"*

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Appendix A: Recruitment Advertisement

Women survivors of Human Trafficking:
Do you wish to participate in research?

The study is being conducted by the School of Psychology, University of East London as part of my Professional Doctorate in Clinical Psychology. The researcher (myself) is a Trainee Clinical Psychologist who is supervised by a Clinical Psychologist specialising in working with people who have experienced human rights abuses.

Why are we doing this research?
The government and researchers recognise that many women may need help and support after experiences of human trafficking. Many women who have experienced human trafficking have not been asked what support means to them or what they need or would like from services. Professionals who have not experienced human trafficking can often make assumptions about what women may want and need. We know that as a result, women go through the support services often with no one knowing what they want and need– not their lawyer, the Home Office, their GP or health professionals they may have seen. We know that this can have a serious impact on the health and the security of those women, and that this can affect their vulnerability to be re-trafficked.

What is the research?
I would like to explore what women understand by the term 'support' and what 'support' means after experiences of human trafficking. I am interested in what women may want and need from services after experiences of human trafficking. I hope that from listening to you I will have a better understanding of these issues. I hope to provide recommendations and guidance to health and legal professionals and decision-makers based on my understanding from the research to help improve current practice within support services.

What can I do if I want to participate or ask more questions?
If you would like more information please contact me or see the information sheets on the research, which I have left at your organisation.
Contact:

Isabella Girling
Trainee Clinical Psychologist
University of East London and Camden & Islington NHS Trust
Email: u1438302@uel.ac.uk
Tel: 07704366226

Appendix B: Participant Information Sheet

Participant Information Sheet for Women Survivors of Human Trafficking
Participant Information Sheet

Participating in the research
Thank you for your interest in this research. The purpose of this letter is to provide you with the information that you need to consider, in deciding whether to participate in the research. The study is being conducted by the School of Psychology, University of East London as part of my Professional Doctorate in Clinical Psychology. The researcher (myself) is a Trainee Clinical Psychologist who is supervised by a Clinical Psychologist specialising in working with people who have experienced human rights abuses.

Project Title
Women's Conceptulisations and Requirements of 'Support' within the Context of Human Trafficking

Why are we doing this research?
The government and researchers recognise that many women may need help and support after experiences of human trafficking. Many women who have experienced human trafficking have not been asked what support means to them or what they need or would like from services. Professionals who have not experienced human trafficking can often make assumptions about what women may want and need. We know that as a result, women go through the support services often with no one knowing what they want and need– not their lawyer, the Home Office, their GP or health professionals they may have seen. We know that this can have a serious impact on the health and the security of those women, and that this can affect their vulnerability to be re-trafficked.

I would like to explore what women understand by the term 'support' and what 'support' means after experiences of human trafficking. I am interested in what women may want and need from services after experiences of human trafficking. I hope that from listening to you I will have a better understanding of these issues. I hope to provide recommendations and guidance to health and legal professionals and decision-makers based on my understanding from the research to help improve current practice within support services.

What will the study involve?
If you decide to participate, I (a women) will meet with you for an individual interview, which should last around one hour. During the interview I will ask you some general questions about what 'support' means to you, what is important for you, and what you may want and need from services after experiences of human trafficking. I will **NOT** ask you about your experiences of trafficking and you will not be required to talk about anything you do not wish to speak about.
If at any time you become distressed during the interview, we can stop the discussion and you can choose if and how you can access support. I will give you information on where appropriate support can be found.

Where will the meetings take place?

I will arrange by phone or in person to meet you for an individual interview at a time, which is convenient to you. We can decide where you would feel most comfortable meeting and where is most appropriate.

Will what I say be confidential?
In order to properly consider what you may say, I will need to record the interview using a voice recorder. However, if you choose to participate in this study, I will make sure that anything you tell me is kept strictly confidential. I will transfer all recordings onto a secure computer, which only I will have access to and which will be password-protected.

I will then type out a transcription of these recordings personally, and make immediately anonymous any information which may reveal your identity. I will refer to anything you may say using a reference number rather than your name, and nothing that reveals who you are will be included in any documents that other people may read. I will keep a list of participants' names and reference numbers in a locked filing cabinet at UEL, separately from any transcriptions. Transcripts and audio files will be password protected, the audio files will be deleted at the end on the research in July 2017.

The anonymised transcript of what you say will be kept securely for a period of five years after the study is complete. After this date all data and the consent form will be destroyed, in accordance with the Data Protection Act 1998. All information provided by participants will be kept confidential unless a participant discloses information regarding risk to themselves or others. In such an event, the participant will be informed of the action that would be necessary in order to ensure the safety of that participant and others.

Will there be any payment?
I will not be offering payment for the interview. I will reimburse you for your travel expense (return fare) to attend our meeting.

Can I say no?
Participation in this study is voluntary. You are not obliged to take part in this research and you should not feel in any way forced to do so. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. If you withdraw from the study this will not affect any services you are receiving; or an asylum claim. If you choose to participate, or not, in the research, either way, this will not affect any services you are receiving; or an asylum claim. Should you withdraw, and analysis of the research has commenced, the researcher reserves the right to use the anonymised data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Will this research be published?
This research will be written up into a report and for a journal article. The research could also lead to a report with recommendations and guidance for health and legal professionals and for decision-makers in the UK government. As above, anything you say as part of this research will remain confidential, and no identifying personal

details will be included within any publication. This research may also presented at a conference where the same confidentiality will apply.

Does this study have ethical approval?
This study has been given ethical approval by the University of East London. If you have any questions or concerns about how the study has been conducted, please contact the Research Ethics Committee at researchethics@uel.ac.uk.

Any other questions?
Please feel free to ask me any questions – my contact details are below. If you are happy to continue you will be asked to sign a consent form prior to your participation. This information sheet is yours to keep.
Thank you.

Isabella Girling
Trainee Clinical Psychologist
University of East London and Camden & Islington NHS Trust
Email: u1438302@uel.ac.uk
Tel: 07704366226

Professor Nimisha Patel
Consultant Clinical Psychologist
University of East London and The International Centre for Health and Human Rights

Appendix C: Consent Form

Consent Form for Women Survivors of Human Trafficking

Client Identification Number for this study:

Project Title: Women's Conceptualisations and Requirements of 'Support' within the Context of Human Trafficking

Name of Researchers:, Isabella Girling, Principal Investigator, Supervised by Professor Nimisha Patel, Consultant Clinical Psychologist

I understand that this research is being conducted by the School of Psychology, University of East London.

I have read (have been read) the information sheet (dated _____) relating to the above research project and I have been given a copy to keep. The nature and purposes of the research have been explained to me, I have had the opportunity to discuss the details and ask questions about this information and have had these answered satisfactorily.

I understand what is being proposed and the procedures in which I will be involved in have been explained to me. I understand that the interview will be audio-recorded.

I understand that my involvement in this research, and particular data from this research, will remain strictly confidential. Only the researcher and supervisor involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I understand that information I provide will be kept confidential unless I disclose information regarding risk of harm to myself or others, in which case I will be informed of the action that would be necessary in order to ensure my safety and that of others

I understand that anything I say will be anonymised during transcription, analysis and the write-up of the research.

I understand that anonymised quotes may be used in publications arising from the research.

I understand that my participation in this research is voluntary.

I understand that relevant sections of my data collected during the study, may be looked at by individuals from the University of East London or from regulatory authorities.

I understand that the research will be published in a report, journal article and in reports with guidance for health and legal professionals and for decision-makers. I understand that the research may also be presented at a conference.

I freely consent to participate in the research, which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the research at any time without disadvantage to myself, without my medical care or legal rights being affected and without being obliged to give any reason.

I also understand that should I withdraw, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

I agree that I will only be referred to other clinicians or a GP with my consent, except in the case of disclosure of the risk of harm to myself or to someone else where I understand that the professional has a duty of care that outweighs my wishes.

Participant's Name (BLOCK CAPITALS)
…….
Participant's Signature
……..
Researcher's Name (BLOCK CAPITALS)
……..
Researcher's Signature
……
Date: ……..…….
If this form is to be signed on behalf of the participant, does the signatory understand all the issues on this consent form? Name of person signing on behalf of participant
……
What capacity are you signing this consent form? (e.g. friend, relative, interpreter, health professional or if other, then please specify)
……
Date…….
Signature……..

Appendix D: Guidance Notes for Interpreters

GUIDANCE NOTES FOR INTERPRETER

Participating in the research
Please thank the participant for their interest in this research and advise them that this study is being conducted by the School of Psychology, University of East London as part of my Professional Doctorate in Clinical Psychology. The researcher is a Trainee Clinical Psychologist who is supervised by a Clinical Psychologist specialising in working with people who have experienced human rights abuses.

Project Title Women's Conceptulisations and Requirements of 'Support' within the Context of Human Trafficking

Why are we doing this research?
Please explain to the participant the reasons for doing this research. The following is a justification for doing this research: The government and researchers recognise that many women may need help and support after experiences of human trafficking.

Many women who have experienced human trafficking have not been asked what support means to them or what they need or would like from services. Professionals who have not experienced human trafficking can often make assumptions about what women may want and need. We know that as a result, women go through the support services often with no one knowing what they want and need– not their lawyer, the Home Office, their GP or health professionals they may have seen. We know that this can have a serious impact on the health and the security of those women, and that this can affect their vulnerability to be re-trafficked.

I would like to explore what women understand by the term 'support' and what 'support' means after experiences of human trafficking. I am interested in what women may want and need from services after experiences of human trafficking.
I hope that from listening to participants I will have a better understanding of these issues. I hope to provide recommendations and guidance to health and legal professionals and decision-makers based on my understanding from the research to help improve current practice within support services.

What will the study involve?
If the participant decides to take part then please can you explain to them what will happen next: The researcher (who is a woman) will meet with the participant for an individual interview, which should last around one hour. During the interview the researcher will ask some general questions about what 'support' means to participants, what is important for participants, and what participants may want and need from services after experiences of human trafficking. She will **NOT** ask participants about their experiences of trafficking and participants will not be required to talk about anything they do not wish to speak about.
If at any time the participant becomes distressed during the interview, the researcher can stop the discussion and if the participant wants support then the researcher can help the participant access this.

Where will the meetings take place?

Please explain to the participant that the researcher will arrange by phone or in person to meet the participant for an individual interview at a time, which is convenient for her. She will also try and have the interview where it is most comfortable for the participant and where it is most appropriate.

Confidentiality
Please explain to the participant that in order to properly consider what the participant may say, the researcher will need to record the interview using a voice recorder. However, if the participant chooses to take part in the study, the researcher will make sure anything that is told to us is kept strictly confidential. The researcher will transfer all recordings onto a secure computer, which only they will have access to and which will be password-protected.

The interview will be heard and typed out by the researcher personally and she will know what to make anonymous so that the participant's identity is not revealed. The researcher will refer to anything that the participant says using a reference number rather than their name and nothing that reveals who they are will be included in any documents that other people may read. The researcher will keep a list of participants' names and reference numbers in a locked filing cabinet, separately from any transcriptions. Transcripts and audio files will be password protected, the audio files will be deleted at the end on the research in July 2017.

The anonymised transcript of what the participant says will be kept securely for a period of five years after the study is complete. After this date all data and the consent form will be destroyed, in accordance with the Data Protection Act 1998. All information provided by participants will be kept confidential unless a participant discloses information regarding risk to themselves or others. In such an event, the participant will be informed of the action that would be necessary in order to ensure the safety of that participant and others.

Payment
The researcher will not be offering payment for the interview but will pay you for your travel expenses (return fare) to attend the meeting.

Can the participant say no?
Participation in this study is voluntary. The participant is not obliged to take part in this research and should not feel in any way forced to do so. They are free to withdraw at any time. Should they choose to withdraw from the study they may do so without disadvantage to themselves and without any obligation to give a reason. If they withdraw from the study this will not affect any services they are receiving; or their asylum claim. If they choose to participate, or not, in the research, either way, this will not affect any services they are receiving; or their asylum claim. Should they withdraw, and analysis of the research has commenced, the researcher reserves the right to use the anonymised data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Will this research be published?
This research will be written up into a report and for a journal article. The research may also lead to a report with recommendations and guidance for health and legal professionals and for decision-makers in the UK government. As above, anything the

participants say as part of this research will remain confidential, and no identifying personal details will be included within any publication. This research may also be presented at a conference where the same confidentiality will apply.

Does this study have ethical approval?
This study has been given ethical approval by the University of East London. If the participant has any questions or concerns about how the study has been conducted, please contact the Research Ethics Committee at researchethics@uel.ac.uk.

Who has reviewed the study?
This study has been given ethical approval by the University of East London. If you have any questions or concerns about how the study has been conducted, please contact the Research Ethics Committee at researchethics@uel.ac.uk.

Any other questions?
Please let the participant know that they can ask any questions about the research. The contact details of the researcher are below. If they then happy to participate then you can assist in explaining the consent form before the interview takes place. Please let the participant know that they can keep this information sheet if they want to.

Thank you.
Isabella Girling (Principal Investigator)
u1438302@uel.ac.uk
Tel: [Pay as you Go disposable research phone]

Appendix E: Interpreter Confidentiality Agreement

Confidentiality Agreement

I understand that this research is being conducted by the School of Psychology, University of East London.

I understand that when employed as an Interpreter, my responsibility is to facilitate communication between two or more parties that do not speak or understand the same language. **All information discussed between the parties is considered to be "confidential".**

I agree to hold confidential or proprietary information in trust and confidence and agree that information discussed at a research interview/meeting/activity shall be used only for the purposes of conducting the research and shall not be used for any other purpose, or disclosed to a third party.

I agree that any interpretations or translated documents remain the property of the researcher or the requester of my services at all times. Furthermore, at the conclusion of the research interview/meeting/activity, I agree to return all written information (i.e., forms, notes, etc.) provided to me for the purposes of conducting such an interview/meeting/activity.

I will hold in strict confidence, and will not use, assist others to use, or disclose to anyone, without the prior express written authorization of the researcher, any information concerning such proprietary information and any confidential matter, except as such use or disclosure may be required in order to carry out any interpretation/translation assignment scheduled for me by the researchers.

That I shall not derive any personal benefit or advantage from any confidential information that I may acquire during my interpretation/translation services assigned to me by the researchers.

I have the read the information sheet relating to the research project and I have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me. I understand that the research interviews will be audio-recorded.

INTERPRETER'S NAME (BLOCK CAPITALS)……
INTERPRETER'S SIGNATURE ……
RESEARCHER'S NAME (BLOCK CAPITALS) ……
RESEARCHER'S SIGNATURE……

Appendix F Semi-Structured Interview Schedule

Interview Questions

PAST

1. Can you tell me about your first impressions on coming here.

2. Given what you have described what does the term ‘support’ mean (/look like) to you? *(Prompt: what do you understand about the term support?)*

3. Can you tell me about the support you have received so far? How did this come about? Was it easy/difficult to obtain?

PRESENT

4. Given what you have described, what would make the difference right now, why would it help? *(Prompt:* What support, if any, would be helpful?)

5. What you have experienced may have impacted upon your body physically and your mind how you feel– Have services supported these areas appropriately?

6. What support would you appreciate/has been missing so far?

FUTURE

7. Looking ahead what do you think would be really important to you, in the coming weeks/months?

8. Anything I haven’t asked that is important that I understand?

Appendix G. Debriefing Sheet with Contact Details for Further Support

Thank you for participating in the study and helping us to build a better understanding of these issues. We hope to provide recommendations and guidance to health and legal professionals and decision-makers based on our understanding from the research to help improve current practice within support services.
The research will continue until July 2017, should you have any questions feel free to contact me on)&_____ or via email u1438302@uel.ac.uk up until that date.
As a reminder…

Human trafficking is a serious crime. If you are in a situation where you are being exploited please remember that you have rights and can seek help and support. All support will be provided on a confidential basis. What you should do is:

The Metropolitan police

The police will be able to offer you protection and investigate those who are hurting you. If it is an emergency and you are in danger call **999.** For non-emergency situations call **101** or **0800 783 2589**.

Crimestoppers UK

Crimestoppers and 'The Home Office Modern Slavery' will pass on the information you provide to the police to investigate but you do not need to give your name and the information will be treated as confidential.

0800 555 111

The Home Office Modern Slavery

0800 121 700

The Salvation Army

The Salvation Army can offer help to find you some temporary accommodation, food and medical treatment. They can also find someone to help talk to you about your situation.

0300 303 8151

Below are more specific law and support agencies for reference. The numbers above should make contact with some of the services mentioned below. You should not need to make contact with these services on your own. Should you need to here are some of the many agencies available to you;

Law Firms

- The Afro-Asian Advisory Service is an independent voluntary organisation based in the London providing a free specialist legal service to anyone regardless of nationality or ethnic origin. Monday-Friday between 2pm-5pm on **0845 618 5385**.

- ***ATLEU** charity provides legal representation to victims of trafficking and labour exploitation. 232 Hornsey Road, London N7 7LL. Phone 020 7700 7311 to assist victims to obtain safety and recovery.*

Support

- **British Red Cross** can provide; emergency provisions, such as food, clothes and blankets, offer a listening ear and emotional support and give first aid.

  Tel: 0344 871 11 11 (+ 44 2071 3879 00 from abroad)
  Textphone: 020 7562 2050

- **Caritas Bakhita House** offer women a range of services including emergency support, psychosexual therapy, legal and financial assistance, mentoring, and help with accessing accommodation.caritaswestminster@rcdow.org.uk
  Tel: **020 7931 6077**

- **Housing for Women** is dedicated to providing homes for women living in London who are in the greatest housing need especially those rejecting domestic violence and other forms of violence. Housing for Women, Sixth Floor, Blue Star House, 234-244 Stockwell Road, London, SW9 9SP, Email: info@h4w.co.uk, **Telephone: 020 7501 6120**

- **Helen Bamber Foundation** works with survivors of torture, trafficking, and other forms of gross human rights violations. If you have a solicitor, please speak with them and ask them to make contact. If you do not have a solicitor, you can call directly, Monday – Friday, 10am – 5pm. Phone **0203 058 2020**.

Appendix H. University of East London Ethical Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Mark Holloway

SUPERVISOR: Nimisha Patel

COURSE:Professional Doctorate in Clinical Psychology

STUDENT: ISABELLA GIRLING

TITLE OF PROPOSED STUDY: Women's Conceptualisations and Requirements of 'Support' within the Context of Human Trafficking

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

Approved

Minor amendments required *(for reviewer)*:

Major amendments required *(for reviewer):*

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*
If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

☐ MEDIUM

☐ **LOW**

Reviewer comments in relation to researcher risk (if any):

Reviewer *(Typed name to act as signature)*: Mark Holloway
Date: 16th May 2016
This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data. Student's name *(Typed name to act as signature):* Student number: Date: *(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

PLEASE NOTE:
*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

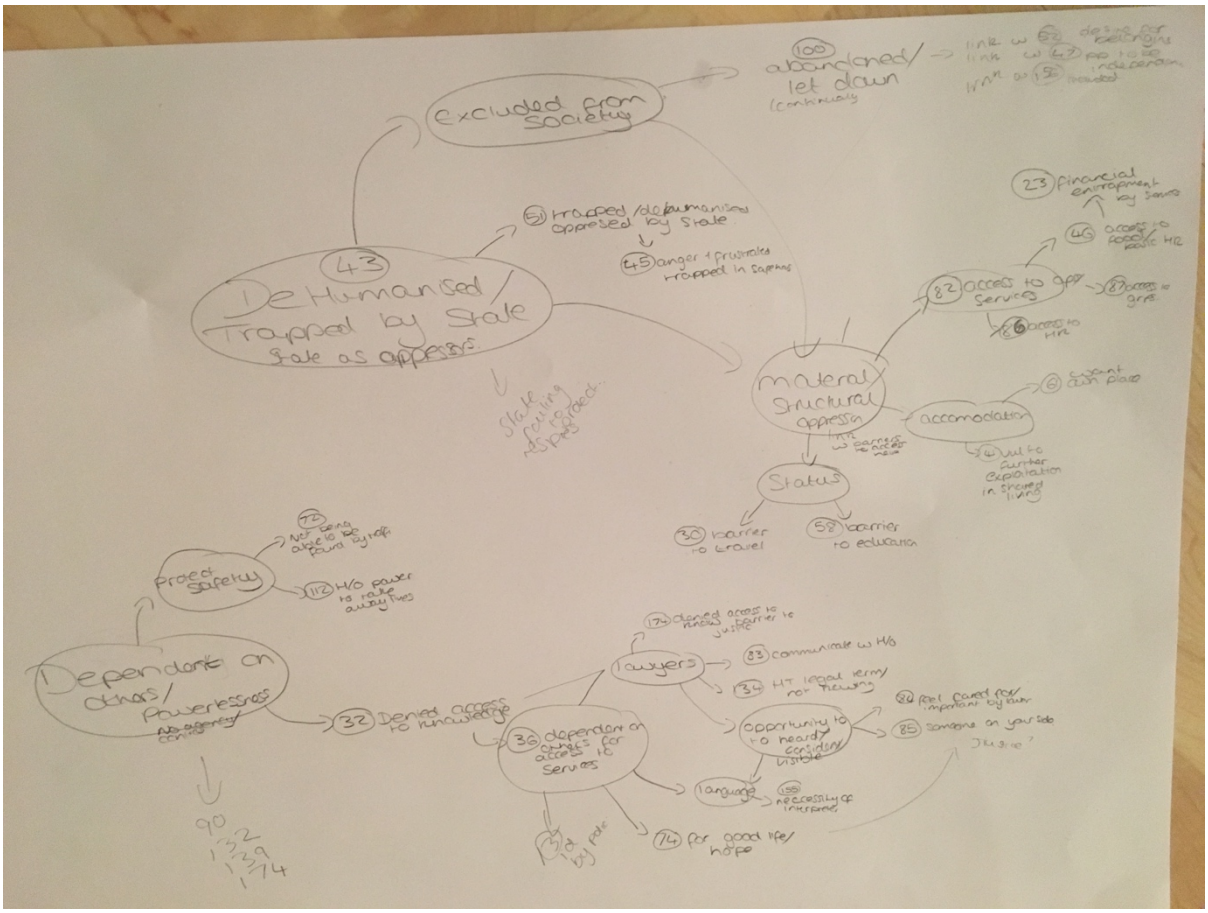
*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: http://www.uel.ac.uk/gradschool/ethics/fieldwork/

Appendix I – Braun & Clark (2006) Thematic Analysis Transcription Guidance

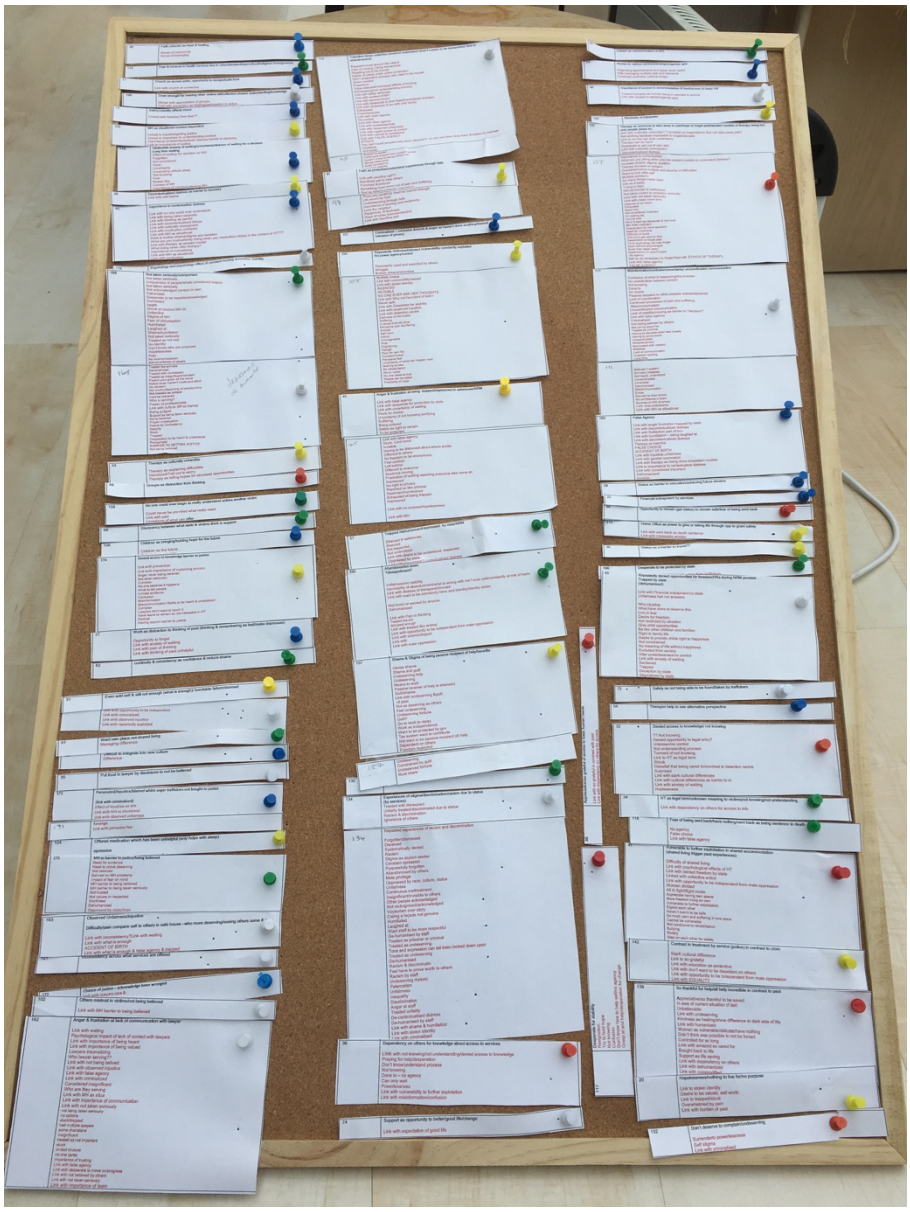
Process	No.	.
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	.Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	.All relevant extracts for all each theme have been collated.
	5	.Themes have been checked against each other and back to the original data set.
	6	.Themes are internally coherent, consistent, and distinctive.
Analysis	7	.Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	.Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	.A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	.The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – i.e. described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	.15	The researcher is positioned as active in the research process; themes do not just 'emerge'.

Line No	Transcript: Participant: [code] Age: Ethnicity: Gender:	Initial code	Notes
1	IG: So 01 umm tell me a little bit about first coming here and your		
2	first impressions?		
3	01: hmm okay umm the first time was being like 10 years now, I	Oblivious/Not knowing	
4	didn't really know anywhere and umm it was early in the morning		
5	and when the plane…because…initially when we were leaving	Expectations of a good life	
6	Africa I thought we are coming to do…to get a job, to get a good life		
7	because obviously most of us back home are from poor background	Leaving as an opportunity to escape poverty	Bewildered/horror at found myself there
8	and very vulnerable so, and they just tell us about good life abroad	Being led to believe good life abroad	
9	and making it like helping yourself. So because of the things that we		
10	are told we are determined to have like okay to have a good future,	Believing as justification for determination	
11	to make our way out of poverty so all the instructions and rules they		
12	give to us, we kind of like accept it, like go along and somehow we	Deceived Submission (deception)	
13	got to the UK but then when we got to the UK we were told it was		
14	another poss… not here and then I was taken to Dublin. So in Dublin	Not knowing Lied to	
15	the house we stayed had other girls but we didn't really know our		
16	whereabouts and at first when I got there I saw different girls so I	Moment by-moment-not knowing	
17	wasn't really sure what was happening so I thought it was like a	Determination to have a better life/good life	
18	hostel where okay since you don't have an accommodation you will	Led to believe Submission	
19	stay here for a while to get a job then go on with your life but later	Mislead/sold something else	
20	that evening someone came and said okay this is what you are here		
21	for, umm you are here to like you know prostitution and all that so I	Not understanding Believing work was means out of povertly	
22	didn't really understand so I was like what I was told in coming to do		
23	hairdressing or lots of ways to like make money to take care of	Unaware/in the dark about what was to come	
24	ourselves and our family to work our way out of poverty. Then	Realization of prostitution	
25	[pause] The guy said no. you are here to you know to work, this kind	Gradual exploitation Got easier	
26	of work you are supposed to do. At first it was difficult because then	Financial entrapment	
27	there was already money involved that you know you have to meet	Mislead. Risk to family	
28	up to pay about £40,000 or and because of all the routes you have		
29	taken and all that it is a bit hard because my mums life will be at risk	Threat/Entrapment Trapped	
30	and because they tell you that that if you break the rules you ah	Instill fear to force women to act against will	
31	something will happen to you your. First they tell you because	Psychological torture and entrapment	
32	already you have already had a (coven) of blood or maybe some	Psychological and physical threat	Seduction to better life
33	people they take their hair and they say if you break the rules or tell	Instill fear to force women to act against will	
34	anyone that you are going to die so you know all this fear and all that	Fear	No choice/guilt/ what support do I deserve/ trapped
35	and or if you run away that your er family back home or any member	Resignation	
36	of the family back home will be killed and it was really difficult. I	Decision making	
37	couldn't tell my mother that this is, that I am here in Europe and this	False choices/all choices involve fear	
38	is what I am to do so it was a bit difficult and you know, that night I	Stuckness & fear	
39	was like and every nights like think about it this is what you to do	Stuck in the a vast	
40	and but so it was like you gets into the middle of the sea and		
41	someone tells you you got you have a choice to go back on you own		

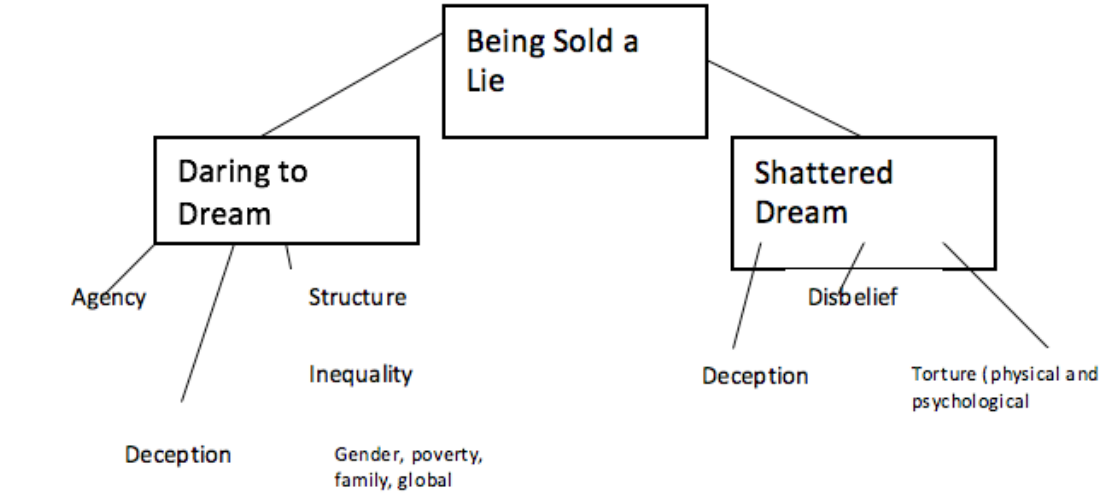
Appendix K – Example of Tree Diagrams

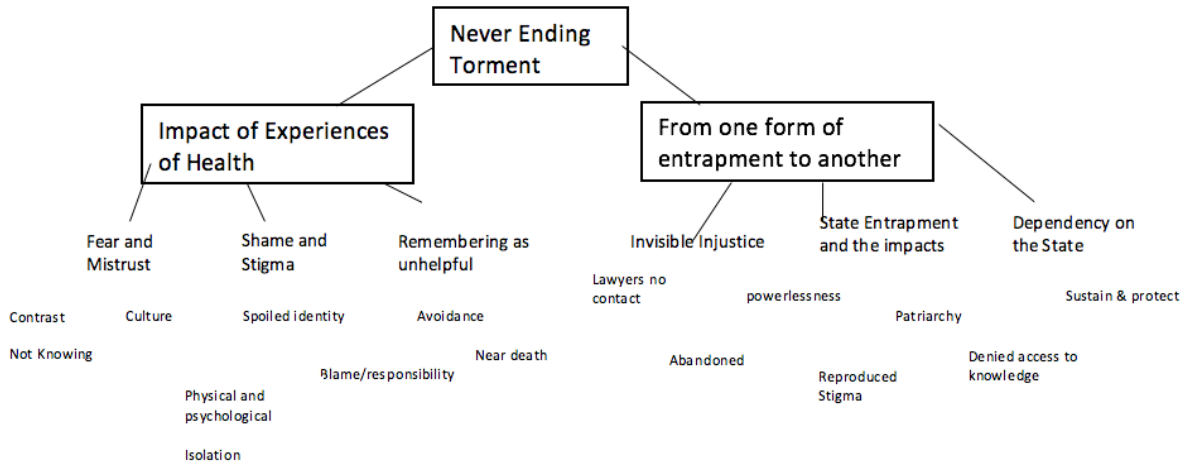


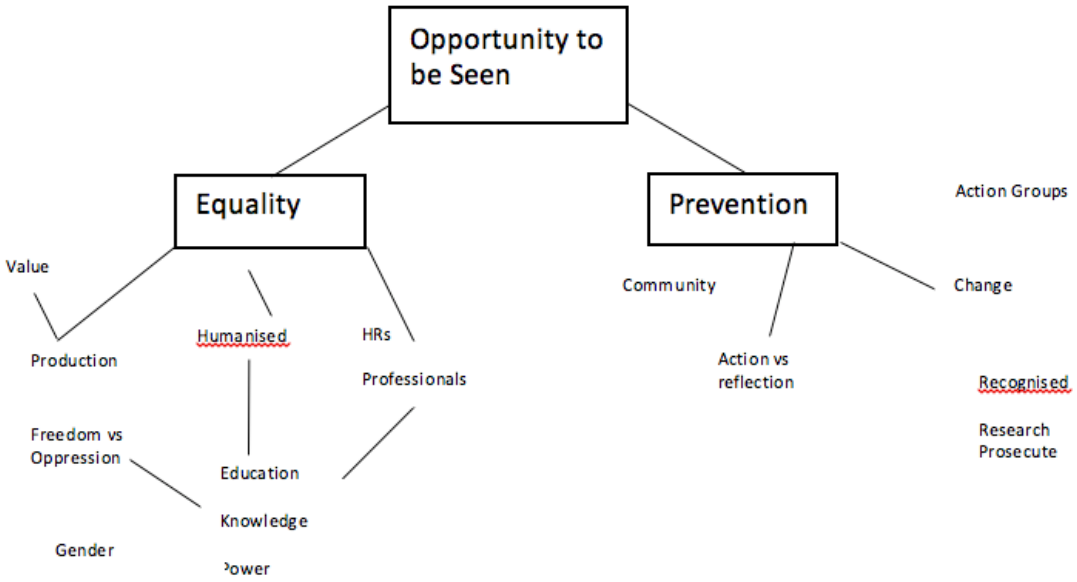
Appendix L Initial Thematic Map



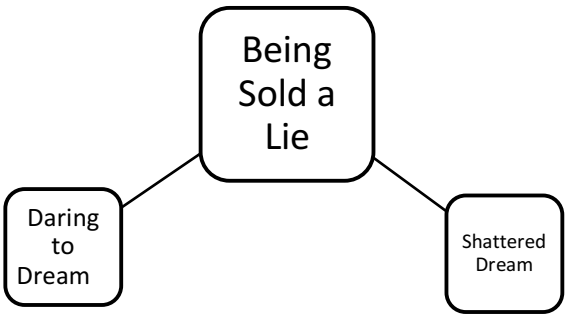
Appendix M. Diagrammatic Thematic Map

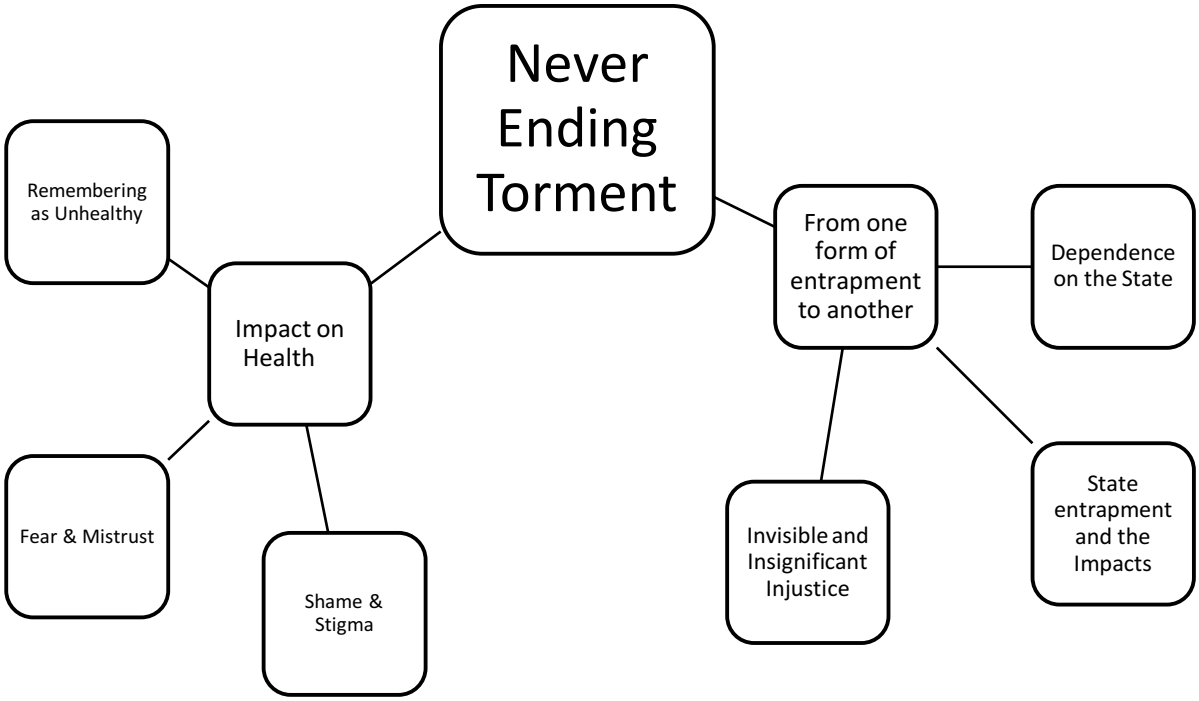


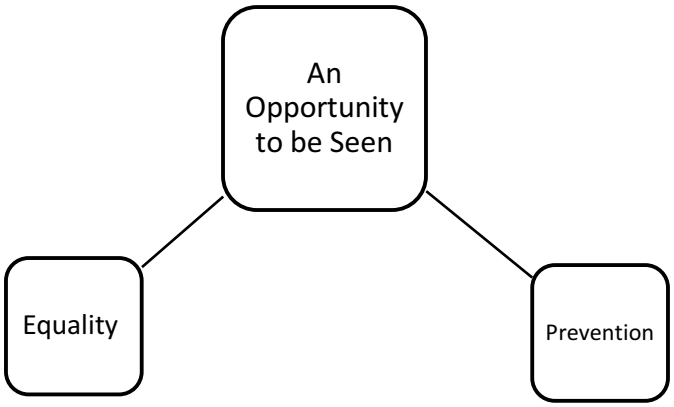



Opportunity to be Seen
Equality
Prevention
Value
Production
Humanised
HRs
Professionals
Freedom vs Oppression
Education
Knowledge
Gender
Power
Community
Action vs reflection
Action Groups
Change
Recognised
Research
Prosecute

Appendix N Final Thematic Map




Never Ending Torment
Remembering as Unhealthy
Impact on Health
Fear & Mistrust
Shame & Stigma
From one form of entrapment to another
Dependence on the State
Invisible and Insignificant Injustice
State entrapment and the Impacts


An Opportunity to be Seen
Equality
Prevention