

A Phenomenological Inquiry into Human Trafficking Survivors' Experiences of Receiving
Narrative Exposure Therapy

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Abstract

The number of individuals trafficked to the UK is increasing year on year and shows no sign of slowing. The risk of mental health problems is increased for survivors of human trafficking compared to the general population. Psychological interventions are being developed and provided by both private and public sector organisations, with the aim of addressing survivors' mental health needs. However, a review of the relevant literature identified a paucity of studies exploring psychological interventions for survivors of trafficking. Additionally, even fewer studies were identified which privileged the voices of survivors themselves, or examined the wider socio-cultural and political contexts within which their narratives were heard or understood. The present research aimed to explore the lived experience of one specific type of therapy, Narrative Exposure Therapy (NET). Semi-structured online interviews were conducted with six survivors of trafficking who had received NET at the Helen Bamber Foundation, a London-based human rights charity. A hermeneutic phenomenological inquiry inspired by Max van Manen was utilised, as this methodology supported and complemented the personal values of the researcher and those of Counselling Psychology more generally, specifically a commitment to engaging with issues of social injustice. The research found that, from the perspective of the survivors, to both commence, and continue, with NET was an ongoing dilemma. NET was experienced as psychologically and physiologically difficult for individuals. However, these difficulties could be mitigated by the survivors' desire to achieve a better future, their trust in the therapeutic relationship, and support with other stressful life events outside of therapy. The research aims to provide a platform for these individuals' narratives to be heard, offering a more rounded representation of the diversity and individuality of survivors of trafficking. Additionally, it can also provide Counselling Psychologists with important insights into the lived experiences of NET, taking into consideration the wider context in order to inform practice when working with survivors of trafficking.

For every survivor of human trafficking, but especially those who contributed to this study. I attempted to honour your collective stories, and hope I did you justice.

And for my Uncle, who worked tirelessly to support others defend themselves against injustice. Take it easy Kev.

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"If you have come here to help me, you are wasting your time, but if you have come here because your liberation is bound up with mine, then let us work together."

Aboriginal activist Lilla Watson

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1. Introduction

1.1. Prologue

Since the 1990s media coverage, policy interest and public awareness of human trafficking has increased (Sharapov & Mendel, 2018). Unfortunately, this growth in coverage aimed at 'raising awareness', has not been accompanied by a similar rise in evidence-informed policy or greater knowledge about human trafficking (Sharapov & Mendel, 2018). This is particularly evident when it comes to psychological interventions and is reflected by the paucity of research in this field (Hardy et al., 2013; Katona et al., 2015; Ottisova et al., 2016; Wright et al., 2021). How a trafficked individual is represented, and subsequently how the general public perceives them, has undergone many changes (Sharapov & Mendel, 2018). Representations of, and understandings about, human trafficking do not arise within a vacuum; they are 'actively manufactured, sustained and manipulated by those in the position of economic and political power to set the agenda' (Sharapov et al., 2019, p. 2). Good quality research which aims to privilege the voices of trafficking survivors can critique or counter the agendas set by those traditionally in power. This can be achieved by studies which aim to examine and question the wider socio-cultural and political contexts within which survivors' narratives are heard and understood. It is important to note that the discipline of psychology has long wielded its own power and has a long history of using this power to uphold and maintain social control and social injustice through the medicalisation and individualisation of distress (Johnstone & Boyle, 2018; Laing, 1983). Psychological research which minimises or neglects the experiences and voices of those being researched - 'the participants' - is common practice, and not confined to the past (Bracken & Thomas, 2001; Shepherd et al., 2008). Therefore, how survivors of trafficking are represented in research and subsequently understood, also depends on who is conducting the research, how they are conducting it, and for what purpose. This study aims to place the experiences of the individuals involved firmly at the centre of the work. The remainder of this chapter will detail my position as a researcher in this study, and describe the research aims.

1.2. Postcolonial theory: A framework

This research will be guided by postcolonial theory (first originated by Edward Said (1935 - 2003)). Postcolonial theory focuses on the impact and effects of control and exploitation on colonised people and societies - both in the past and continuing into the present. The foundation of Postcolonialism is the history of the West's colonisation of India, Africa, Asia, and Latin America, however it has now been widened to include other forms of geographical, racial or cultural oppression. As a framework for counselling psychology research Postcolonial theory is useful as it rejects the notion of Western superiority within scientific practice, and challenges the traditional epistemologies that dominate Western academia. Research conducted within the field of psychology can highlight the impact of globalisation and colonisation on individuals and communities - and the suffering endured (Watkins & Shulman, 2008). Additionally, well-conducted research can also be used to support the reader to develop a critical self, and a social consciousness, both of which are needed to dismantle and decolonise the current conditions that produce experiences of oppression and postcolonialism (Watkins & Shulman, 2008).

1.3. Locating myself within the research

Reflexivity is central to the selected methodology, hermeneutic interpretive phenomenology inspired by Max van Manen (discussed further in Chapter 3). The underlying assumption of interpretive phenomenology is that the researcher cannot bracket out their biases or prejudices, and therefore is encouraged to be explicit about their personal views and experiences which inevitably impact on every aspect of the research journey. To encourage the reader to consider how my identity and values influenced the research it is important to explain who I am, and why I embarked on this research journey.

We cannot be objective narrators of fact; nor is it possible to write without an implicit or explicit desire to convince the reader of a particular point of view.

Ultimately though, I do not imagine readers to be passive recipients of my reactions but to be an active audience reacting on their own experiences as they read mine. (Afuape, 2012, p. 4)

In addition, by offering a reflexive element to this research the relationship between myself (the researcher) as the 'representer' and the collaborators as the 'represented other' can be explored through the lens of postcolonial theory.

I am a white woman, born in the UK, and have never been enslaved. Both my parents grew up in working class communities, and from an early age I understood that our family faced constant financial struggle. It was from this background that my interest in social mobility and the detrimental impact of poverty and inequality really grew. My mother instilled the importance of caring for those around you, and my father as a police officer, and my uncle as a union representative, took active roles in advocating for people in society who are often overlooked. These early life experiences developed into a desire to be part of a profession committed to tackling social injustice. When applying social justice to the profession of Counselling Psychology it focuses on the commitment to ensure 'opportunities and resources are distributed fairly and helping to ensure equity when resources are distributed unfairly or unequally' (Toporek et al., 2005, p. 1) .

As an Assistant Psychologist I worked to support asylum seekers and refugees in the UK. This experience left me frustrated at the systemic racism which existed within the discriminatory and hostile legal and political systems, and the various ways these processes compounded the hardship endured by individuals. During this time, I learned more about human trafficking, and became curious about the complexities surrounding it. Politically I most closely align with socialism, and I wanted to work towards finding more equitable means for survivors of trafficking to access support in the UK. Concurrently, as a Research Assistant I worked with those who had experienced events which had left them changed both physically and psychologically. I began to develop an understanding of the effects of trauma (a paradigm deconstructed later) on the body and mind, and an interest in the various interventions that claimed to help. One similarity I noticed woven through all these experiences was the lack of attention paid to what the individuals themselves had to say about their own experiences. This culmination of my deeply held belief in fighting social injustice, my work with survivors of trafficking, and my previous research roles are just a few of my lived experiences which helped to shape the selection of both my research topic and my methodology.

1.4. Research aims

This research aims to get as close as possible to the lived experience of survivors of human trafficking receiving NET, as part of the support offered to them by a London-based human rights charity, the Helen Bamber Foundation (HBF). It is important to note the findings of this study are not intended to offer broad or conclusive evidence with which to inform policy or guidelines on delivering NET to this population. Instead, the research will attempt to provide a platform for the voices of the six survivors who participated, allowing them to describe in their own words their experiences of NET. The findings will be communicated to audiences with an interest in the psychological interventions delivered to survivors of trafficking, especially but not limited to, the field of Counselling Psychology. The intention is to also make this research available, through appropriate dissemination, to survivors of trafficking. This research will attempt to describe and faithfully represent what experiencing NET meant to the survivors who took part. The selected methodology emphasises the need to place the contributors' lived experiences within the socio-political and historical context, in order to ethically represent the complexity and diversity of the individuals.

2. Literature Review

2.1. Chapter overview

Much of our current knowledge in the field of psychology is based on research in settings that are WEIRD (Western, educated, industrialised, rich, and supposedly democratic) (Henrich et al., 2010). Consequently, these studied lifestyles have become the default standard, universal and considered the norm, rather than being regarded as only one particular cultural form. In contrast any other way of being has become the 'Other'. Postcolonial theory will guide this literature review chapter through a critique of the current knowledge base, consideration of the use of language, and by challenging the dominant and pervasive psychological scientific paradigms.

Following a brief description of the literature review process, the chapter is comprised of two parts. The first part, provides the social, cultural and political context within which psychological interventions are delivered to survivors of trafficking. The selected hermeneutic methodological approach, emphasises the need to make explicit, and integrate, the wider context when conducting research. This chapter will aim to critique and analyse the narratives which are constructed around modern slavery and human trafficking, specifically exploring the language used to define and describe trafficking survivors. The second part, provides an overview of the current psychological interventions which are recommended and being delivered to survivors of trafficking. Followed by a summary and critique of the current literature supporting these interventions.

2.2. Literature review - the beginning

When conducting a hermeneutic phenomenological inquiry, the literature review is the starting point of the research. The researcher forms assumptions and ideas about the phenomenon from the current knowledge base being reviewed (van Manen, 1990). Additionally, both the analysis and presentation of the literature will be influenced by the preconceived ideas and values of the researcher. In this case, the principles central to Counselling Psychology, and the philosophy underpinning a hermeneutic phenomenological methodology (detailed in the methodology chapter).

2.3. PART I: Wider context

2.3.1. Choice of language

Words aren't just words...They tell us how we should connect different pieces of information, what is right and wrong and, as a result, what will make sense in terms of solutions. (Kenway, 2021, p. 3).

The term human trafficking 'survivor' will be used throughout this study rather than 'victim'. This is a personal choice based on my belief that the term encompasses resilience and recovery. However, I recognise individuals may have their own preference on self-identifying, or not want to be defined by their past experiences at all. Additionally, the term contributor or co-collaborator will be used to describe the individuals who offered their time and knowledge to take part in this research. Traditionally the term used in research is 'participant', however I believe this term does not accurately capture the co-constructed nature of the data. My chosen terms better reflect my methodology, my values as a Counselling Psychologist, and my personal beliefs. The term 'participant' will only be used when describing another study, to avoid confusion and remain faithful to the language used originally.

2.3.2. Definitions: Modern slavery, human trafficking, and forced migrant

Modern slavery, human trafficking, and forced migrants are terms often conflated and used interchangeably in the UK media, and public discourses. Before detailing these definitions, it is important to consider how definitions in general are created, and consequently the meanings they confer to the individuals categorised by them. Definitions are labels or categories created and developed by a society; therefore, they are subject to all the biases, assumptions, values, or perceptions of that society. The definitions for modern slavery, human trafficking, and forced migrants in this research are used with the understanding that they might not be valuable or true, but the collaborators are subject to these terms every day regardless.

Modern slavery is an umbrella term under which human trafficking sits. The definition prescribed to these two terms differs depending on the agenda or organisation constructing the definition, and for what purpose. Both the terms modern slavery and

human trafficking have a variety of meanings to different people. Kenway (2021) states that,

trafficking and slavery are clearly not the same thing: trafficking is something that may lead to slavery, or to forced labour, servitude, etc. So trafficking is best understood as a *process* and slavery, forced labour, servitude, etc. as possible *outcomes*, though those things might also happen without trafficking first occurring. (p.19)

Minh Dang (2014) states there is currently no commonly used victim-centred definition of human trafficking or slavery. Dang (2014) argues that the current definitions used are 'perpetrator-centred', thus describing the actions, means and purpose of the perpetrator. Examples include The Modern Slavery Act (2015)¹ and The United Nations (UN) Trafficking Protocol (2000) which defines human trafficking as:

The recruitment, transportation, transfer, harbouring or receipt of persons, 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 or of the giving or receiving of benefits 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. (p.42)

Dang (2014) argues that 'perpetrator-centred' definitions are written for the purpose of identifying and punishing the criminals engaged in human trafficking. The problem with this type of definition is that it fails to sufficiently describe the condition of the

¹ Modern Slavery Act (2015) defines 'Modern slavery' as; an all-encompassing term for any activity which involves one individual exercising ownership over another or holding someone in compelled service. Consequently, exploiting that individual, depriving them of their liberty, and violating their human rights.

person experiencing the criminal act(s) done to them. Dang (2014) offers the victim-centred definition below instead:

Slavery is a social phenomenon existing on the far end of a continuum of oppression, where human beings completely dominate and exploit other human beings and this domination results in physical, psychological, and interpersonal trauma; financial and social instability and inequities; and dilution of the fundamental principles of democracy. (para 13)

This definition focuses on the social and interpersonal impact of human trafficking and slavery, specifically the harm caused to the individual, rather than centring on the perpetrator. When the focus remains on the perpetrator and criminal justice, and not the victim, the provision of long-term care and rehabilitation for the victims becomes overlooked (Dang, 2014). Kenway (2021) states that more than this, despite human trafficking being a human rights violation, by focusing on the perpetrator the two stronger interests for organisations and governments becomes crime and immigration control.

Due to the current limited research on mental health interventions with survivors of trafficking, this literature review was expanded to include forced migrants too. The term forced migrant is defined by the European Commission as:

A person subject to a migratory movement in which, although the drivers can be diverse, involve force, compulsion, or coercion (e.g. movements of refugees and internally displaced persons as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine or development projects). (International Organization for Migration, 2011, p. 77)

Throughout this research the terms forced migrant, refugee, asylum seeker will be used interchangeably when referring to other studies or literature. There is no simple distinction between those individuals' labelled forced migrant or victim of trafficking. Most academics and practitioners instead agree that they are two interconnected populations, with trafficking and migration existing on a continuum. Many individuals consciously decide to migrate in order to seek out better opportunities for themselves

and their families, but then end up in highly exploitative situations (Chuang, 2006). Chuang (2006, p. 138) argues, 'more often than not, trafficking is labour migration gone horribly wrong in our globalised economy' (see section 2.1.4 for further discussion). However, despite the connections between human trafficking and migration, it is also important to consider and acknowledge the differences. Not all trafficked individuals are migrants, and to reduce and simplify the complexities between the two groups could risk underestimating the seriousness of the human rights violations that have been experienced by survivors of trafficking. During the initial 'recruitment' stage in the trafficking process, individuals are likely to be deceived, or drugged and abducted for the purposes of exploitation. Commonly this recruitment is carried out by someone known to, and trusted by, the person, such as a friend or family member, including parents (Zimmerman et al., 2011). Harrowing experiences that pre-date the individual being trafficked are also common, Zimmerman and colleagues (2011) report that 59% of women in post trafficking service centres experienced pre-departure physical or sexual abuse, with 15% stating they had been sexually abused before the age of fifteen. Additionally, throughout the trafficking process individuals are at risk of severe, and recurrent, physical, sexual, and psychological abuse. Of 207 women interviewed about their experiences, 76% had been physically assaulted by their traffickers, and 90% had reported having been forced to perform sexual acts (Zimmerman et al., 2011).

2.3.3. The Socio-political context of modern slavery and human trafficking

The clever thing about the modern slavery idea is that it tells us that certain cases of exploitation are a separable kind of evil and have nothing to do with the overall system. In reality though, it's all interlinked and the system that produces precarious workers, a lack of rights protections, relative impunity for employers and brands and so on, is the same system that produces the really awful cases our headlines report as slavery. (Kenway, 2021, p. 118)

Modern slavery and human trafficking are both constructs; terms shaped for a particular purpose, and understood by an individual depending on the specific 'lens'

through which it is viewed. This 'lens' is comprised of our own personal beliefs, and underpinned by the current historical, social and political context in which we exist. When considering the constructs of human trafficking and modern slavery specifically, what is deemed 'common sense' in relation to them and who benefits from this particular perspective should be considered (Kenway, 2021). This is important as the common-sense perspective is how the media and the public in general perceive survivors of trafficking. Additionally, and crucially, it also informs how the Government represents survivors of trafficking, and which policies or solutions are subsequently proposed and selected in order to resolve the problem of modern slavery. Kenway (2021) argues that this critical approach is currently not being adopted with regard to modern slavery and human trafficking, and therefore we (as a society) are perpetually choosing the wrong solution to these issues.

The term 'modern slavery' grew in popularity during the 2000s but the problem itself is not modern. Mechanisms of exploitation merely adapted following the abolition of the legal trade of human beings and the right to own someone else, transforming instead into schemes such as indentured labour² (Kenway, 2021). Arguably the term 'modern slavery' was designed purposefully to evoke parallels to historical slavery, positioning the UK as once more the 'heroic liberators' (Kenway, 2021). Postcolonialism theory can be used to understand how in relation to both historical and modern slavery, the UK manages to obscure and deny the many ways in which - through oppression - it contributes and benefits from the practice of slavery both in the past and present.

Recently, human trafficking has gained widespread attention from the media, politicians, and celebrity campaigns (Haynes, 2013). However, the narrative around trafficking has been constructed to hide crucial information from the general public (Kenway, 2021). Over the past decade some politicians have worked hard to construct modern slavery as a 'non-political' problem more akin to a virus or contaminant that needs to be recognised and then eradicated (Kenway, 2021). Through the process of

² Indentured labour was originally introduced by the British in countries such as India and China in the 19th century, workers were no longer legally owned but instead contractually bound. This contract was supposed to be entered into voluntarily, but generally it was a system governed by fraud and violence (Kempadoo, 2017).

portraying extreme exploitation as a rare, stand-alone problem, the fault of immoral individual criminals or gangs, it obscures the more complicated realities. Arguably, these complicated realities include how our global economy might instead be constructed to cause harm, or how immigration policies both support and create exploitation (Kenway, 2021).

Neoliberalism is underpinned by the notion that through the de-regulation of businesses, and minimising state (or government) interventions, capitalism can flourish. Neoliberals argue that an unregulated market is the best way to increase economic growth, which ultimately benefits all of society. This approach has dominated globally since the 1980s removing barriers to competition, expanding and deepening competitive pressures, and resulting in an increased power imbalance between business and workers, with governments supporting the former (LeBaron & Phillips, 2019). De-regulation has weakened the protections implemented to defend people and the environment against the exploitative conditions of unchecked capitalism. Therefore, it can be argued that rather than a distinct problem, modern slavery is actually at the extreme end of the general working conditions continuum. At one end is fair pay and decent work, sliding into underpayment and long hours, and at the opposite end - exploitation such as human trafficking (Kenway, 2021). In addition to the de-regulation of businesses, the UK's political stance on immigration plays a key role in maintaining the global exploitation of individuals. The 'hostile environment' is a political ideology made explicit by Theresa May³, which continues to shape policy decisions through a focus on increasing the challenges for undocumented migrants to both live and work in the UK. By making working in the UK illegal for asylum seekers, the hostile environment negatively impacts individuals in two key ways; First, it pushes people into more dangerous areas of our economy, the areas where regulations are absent and abuses go unchecked. Second, it prevents individuals from seeking help when they do experience exploitation (Kenway, 2021). When undocumented workers are unable to seek help, it becomes easier for employers to exploit them without fear of punishment. Finally, when politicians focus the rhetoric of human trafficking on the

³ British politician who served as Prime Minister between 2016 - 2019.

perpetrators it allows them to emphasise the need for stronger borders to combat the problem. This focus on borders could be argued as a cynical approach to implementing a tougher immigration control agenda, whilst seemingly still appearing to support survivors of human trafficking. It has been repeatedly shown that border control does not reduce the number of undocumented migrants, instead it increases the likelihood that individuals will take riskier routes (Liempt & Doomernik, 2006).

In summary, politicians are keen to portray themselves as the contemporary William Wilberforce when it comes to 'freeing' victims of modern slavery (Kenway, 2021). Nevertheless, it is important to consider that despite the increased risk of mental health problems for victims of trafficking, they are regularly detained or deported rather than rehabilitated and offered safe refuge in the UK.

2.3.4. The Western perspective on health, illness and psychological difficulties

Throughout this research the terms West, Western, and Westernised will be used to describe the dominant culture or perspectives of one specific part of the world. The West is most commonly understood to include Europe, North America, and Australasia, areas where large populations of particular European ethnic groups exist. Psychological interventions based on Western models are underpinned by a positivist scientific paradigm. Advocates of positivism state that the world and reality are both fixed and objective, and can be discovered through the use of scientific methods (Afuape, 2012). This paradigm is in contrast to relativism which is based on the notion that reality is not an external, singular or fixed entity, instead it is constructed in the mind of each individual. Realities are changeable depending on the historical and cultural contexts within which the individual is situated (Moon & Blackman, 2014). Proponents of Postcolonial theory argue that the Western approach (often termed the Western medical model) to health and illness is viewed as objective and scientific. Consequently, for many years it has been depicted as superior to other non-Western approaches to health and illness, which are seen as lacking or viewed with suspicion due to their perceived 'mysticism' (Said, 1978). In Western countries, various forms of unexplained or unusual behaviour and psychological difficulties are often described and presented as equivalent to physical ailments (Johnstone & Boyle, 2018).

Consequently, psychological problems such as those categorised and described as symptoms of Post-Traumatic Stress Disorder (PTSD) (discussed in more detail later) are considered to be part of a biological, objective condition located within the individual, which can then be diagnosed and treated.

2.3.5. Deconstructing trauma

I wish I could separate out trauma from politics, but as long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail. (Van der Kolk, 2014, p. 348)

The term trauma is often used to describe the social and interpersonal impact of human trafficking and slavery, specifically the harm caused to the individual. Therefore, before the psychological problems associated with human trafficking can be discussed, trauma as a paradigm needs to be deconstructed. Papadopoulos (2002) states the word trauma originally referred to the damage or injury caused by the skin being pierced, and originated from the Greek verb *titroso* - to pierce. However, trauma has now become firmly ensconced within the realm of mental health discourse. The Diagnostic and Statistical Manual of Psychiatric Disorders fifth edition (DSM-5)⁴ (American Psychiatric Association, 2013) defines trauma as an event that involves 'actual or threatened death, serious injury, or sexual violence' (2013, p. 271). This definition of trauma is fiercely contested by many professionals due in part to it being narrowed from the DSM-IV which also included the phrase 'threat to physical integrity'. The US federal organisation - Substance Abuse and Mental Health Services Administration (SAMHSA) offers an alternative definition of trauma:

An event series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has

⁴ The DSM is a handbook widely used by clinicians in the West to diagnose what the American Psychiatric Association deems a psychiatric illness.

lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being. (SAMHSA, 2014, p. 7)

SAMHSA's definition differs from that in the DSM-5 in three main ways; firstly, it emphasises that the traumatic event does not necessarily have to be life threatening. Stating instead that people can also be traumatised if their psychological or social integrity is threatened. Secondly, it specifically mentions that *how* we experience an event is integral to whether it is traumatic or not, and this relates to both micro and macro contexts (Sweeney et al., 2018). Finally, the effects of the traumatic experience on the individual are highlighted and made explicit.

The current dominant Western medical model reinforced by positivist assumptions focuses largely on PTSD as the main response to trauma (Afuape, 2012). Over the past thirty years there has been rapid growth in the number of published studies on trauma (Maynard et al., 2019), especially in relation to refugees, survivors of war, organised violence, and torture (Afuape, 2012). The underlying ontological (what can be known) and epistemological (how it should be investigated) assumptions of these studies influence how trauma is defined, and consequently the treatment options which become developed, researched, and then most commonly offered. By applying the Western medical model view of trauma across settings and cultures an individuals' own meaning making and responses to their experiences of human trafficking can become disregarded (Boyden & Gibbs, 1997). Whereas a relativist perspective of trauma seeks an understanding how the individual themselves constructs knowledge of their own experiences, through the impact of the cultural, social and historical contexts on their emotions and reactions following a distressing incident(s).

2.3.6. The psychological impact of human trafficking

Due to the prevalence of the Western medical model and the repeated and prolonged harm survivors of trafficking endure, PTSD and its measurable symptoms often become the focus of mental health professionals, with trauma-focused therapies prescribed (Afuape, 2012; Altun et al., 2017). Research into the mental health of trafficked populations has consistently found a higher-than-average prevalence of depression, anxiety and PTSD (Oram et al. 2012, Abas et al. 2013, Mufti et al. 2013,

Katona et al. 2015, Kiss et al. 2015, and Ottisova et al. 2016). Oram et al. (2016) found that symptoms of depression, anxiety and PTSD were reported by 78% of female and 40% of male survivors in England. Studies have also reported the risk of mental health problems increase when the individual experiences; violence prior to or during trafficking, poor living and working conditions during trafficking, restricted freedom, and importantly for service providers in the UK, unmet social support or social needs following escape (Brewin et. al. 2000; Ozer et al. 2003). However, merely being aware of the prevalence of particular psychological problems among survivors of trafficking does not progress our understanding of their experiences. Herman (2015) argues that there is a disparity between the patient's symptoms and their past repeated violations. This incongruence may lead to inaccurate diagnostic constructs which can negatively impact on the treatment offered.

The persistent anxiety, phobias, and panic of survivors are not the same as ordinary anxiety disorders...Their depression is not the same as ordinary depression. And the degradation of their identity and relational life is not the same as ordinary personality disorder. (J. L. Herman, 2015, p. 118)

In order for survivors of trafficking to access treatment they first need to navigate the piecemeal system which currently exists in the UK, comprised of a combination of NHS services and charity provision. The services available vary widely depending on where the individual is located, and are regularly oversubscribed. Access to psychological support largely requires an assessment, and a battery of psychometrics in order to monitor and measure symptoms. Consequently, it is important to examine PTSD as a construct and the implicit assumptions that underpin it. The American Psychiatric Association (2013) defines PTSD as a psychiatric disorder that might occur following the experiencing or witnessing of a traumatic event (see Appendix A for full DSM-5 definition and criteria). Psychometric measures are used to capture the specific symptoms of PTSD; however, this can be problematic as the same measures are used for survivors of trafficking as for individuals who have experienced a car accident, natural disaster, or cancer diagnosis for example. Although there is no hierarchy of human distress, and it is perhaps unfair to deem one individuals' experience as worse

than another, it does mean the complex personal, social, political and economic contexts of human trafficking (described earlier in more detail) become sanitised and simplified into a generic, universal experience of trauma captured by a set of PTSD symptoms (Patel, 2011).

When considering trafficked populations, the construct of PTSD is arguably deficient. Firstly, the 'Post' in Post-Traumatic Stress Disorder is problematic as it suggests that the trauma is past (post trauma) and this is often not the case (Afuape, 2012). Our current prevailing concept of PTSD does not take into account the persistent forms of trauma that continue even after reaching the host country. For example, the experience of various forms of racism and oppression (both covert and overt) associated with being an asylum seeker, and not belonging to a dominant or valued societal group within the host country (Brown & Ballou, 1992). The many repeated violations experienced by survivors of trafficking often mean it is difficult to determine a specific beginning or an end (Afuape, 2012). Furthermore, the practice of pathologising reactions to deeply distressing incidents as symptoms of PTSD located within the individual is problematic. Describing such individuals as 'disordered' pathologises normal human reactions to abnormal abuse (Afuape, 2012).

Consequently, by focusing on PTSD as a disorder we fail to acknowledge both the personal and cultural meanings of the events endured, but also the resilience or complexity of reactions displayed by a person (Bonanno, 2004; K. E. Miller & Rasco, 2004; Fernando, 2010). Engelbrecht and Jobson (2016) state that culture may influence how a community, and the individual themselves, respond to distressing events, which may impact both the intensity of the experience, and the level of support available. For example, events which are endured but considered shameful or violations of social norms to a specific culture - such as pregnancy as a result of rape - might result in less acceptance and therefore less support being offered by the community.

Rosen (2004) states that whilst the arguments surrounding the construct of PTSD, and whether it accurately represents an individual's experience, continues the biggest losers are those who continue to suffer with their psychological difficulties. Their voices are lost amongst the ongoing controversy. Herman (2015, p. 33) explains that ultimately 'traumatic events overwhelm the ordinary systems of care that give people

a sense of control, connection, and meaning.' Therefore, psychological interventions that attempt to adequately address, and fully understand, the wider difficulties related to the individuals' experiences, rather than just those captured using PTSD measures are crucial.

2.4. PART II: Research supporting psychological interventions for survivors of trafficking

2.4.1. The suitability of Western psychological interventions

Interventions for survivors of trafficking are largely based on Western constructs of trauma and the need to reduce PTSD symptoms, usually through the reliving of memories which are causing the individual distress. These models of talking through and re-processing past experiences are built on the premise that 'psychological trauma' is a deficit located within the individual, often neglecting the wider political, socio-cultural contexts within which the individual exists. More recently, the effectiveness of psychological interventions for refugees has been challenged, primarily because they have been developed using a Western medical model approach for populations that are ethnically and culturally distinct from refugees (Crumlish & O'Rourke, 2010; Murray et al., 2010; van Wyk & Schweitzer, 2014; Slobodin & de Jong, 2015; R. H. Tribe et al., 2019). There is no equivalent literature for survivors of trafficking, however this population is also largely from non-Western countries, therefore similar critiques could be argued as applicable. When survivors are understood only through the Western medical model framework of trauma and PTSD, human trafficking becomes synonymous with these constructs. Consequently, it might be assumed that PTSD needs to be present in order to reliably identify a survivor of trafficking (Patel, 2011), and it may become a necessary requirement to access therapeutic interventions. When mental health resources are scarce professionals rely on PTSD symptoms to easily identify those considered most at need of psychological interventions. It may be difficult however, for individuals to fit their own trauma narrative into the Western framework of PTSD (Gojer & Ellis, 2014). By imposing a Western medical model perspective of trauma or PTSD onto an individual it may silence other possible narratives which might be more culturally relevant when making sense of past experiences (Tribe, 2002). Additionally, it is possible that when individuals are made to fit their narratives into a Western trauma framework, others elements of psychological healing might be neglected, such as the importance of religious leaders, family members, community elders, or community organisations, rather than only mental health professionals (Tribe, 2002).

Currently there are no National Institute for Health and Care Excellence (NICE) guidelines recommending psychological treatment specifically for survivors of trafficking, or any similar populations such as forced migrants. Instead therapy options for survivors are commonly based on the recommended treatment for adults with PTSD symptoms, which includes several different trauma-focused cognitive behavioural therapies ((TF-CBT) including NET), Eye Movement Desensitisation and Reprocessing (EMDR), and in certain cases supported trauma-focused computerised CBT (NICE, 2018). The NICE guidelines (2018) do offer separate guidance for people with 'PTSD and complex needs', which includes comorbidities such as depression, drug and alcohol misuse, or complex PTSD. The guidance states building in extra time to develop trust, taking into account the safety and stability of the person's personal circumstances and how this might affect therapy engagement, helping to manage issues that might present as barriers to TF-therapies such as interpersonal difficulties or dissociation, and planning ongoing support after treatment ends.

2.4.2. Recommended Psychological interventions

As discussed previously there is a dearth of research reviewing the literature on psychological interventions with survivors of trafficking (Hemmings et al., 2016). A recent systematic review of psychosocial interventions for adult refugees and asylum seekers (Tribe et al., 2019) identified medium to high evidence to support the use of NET, but less evidence to support standard CBT, Eye Movement Desensitisation and Reprocessing (EMDR) or multidisciplinary treatments. These findings supported previous reviews which also identified NET and culturally adapted CBT as the most supported interventions for adult refugees (Crumlish & O'Rourke, 2010; Lambert & Alhassoon, 2015; Slobodin & de Jong, 2015). In lieu of the lack of research specifically focused on survivors of trafficking this section will now provide a brief review of the interventions identified in the literature as potentially useful for refugees and asylum seekers, as the two populations although distinct, do have similarities.

Eye-movement desensitisation and reprocessing (EMDR)

EMDR is highly compatible with the psychodynamic information-processing model (Shapiro, 2017). This model is based on the notion that traumatic information in the

active memory continues to be reworked until it is reconciled with the individuals' existing internal understanding and view of the world (Shapiro, 2017). EMDR was introduced to treat individuals experiencing flashbacks, sleep disturbances, intrusive thoughts, low self-esteem, and relationship problems in connection to memories of a traumatic past incident (Shapiro, 1989). The EMDR model is based on the notion that trauma disrupts the normal biological and psychological processes which promote healthy adaptation to a memory. This disruption leads to encoding problems during the traumatic event which alters the affect, response and perception of the event, and consequently the memory of that event (Foa et al., 2004). EMDR aims to reduce distress, and strengthen adaptive cognitions in relation to the past traumatic event (Shapiro, 2014). EMDR differs from other trauma focused therapies as it does not involve; detailed descriptions of the past event; challenging directly beliefs; extended exposure; or homework (Shapiro, 2014). Instead, EMDR consists of eight phases (history taking, preparation, assessment, desensitisation, installation, body scan, closure, and reassessment), during the desensitisation phase dual attention stimuli (bilateral eye movement, auditory tones, or tapping movements) are used to facilitate the reintegration of trauma memories (Shapiro, 2014). The installation phase involves the client visualising the image which they find most upsetting, whilst identifying the negative self-representation, affective, and physiological components which became encoded during the traumatic experience (Shapiro, 2014). The therapist then guides the client to identify alternative desired positive self-representations or cognitions.

Trauma-Focused CBT (TF-CBT)

TF-CBT is described as a phase-based, manualised, yet flexible, therapeutic intervention which combines imaginal-exposure with cognitive techniques (also known as reliving) (Cohen et al., 2017). TF-CBT encourages the identification of thoughts individuals' hold about themselves, the traumatic incident, and the world in general. Once these thoughts have been identified the client is supported as they weigh up the evidence to support or challenge their perspective (Bisson et al., 2013). The three treatment phases of TF-CBT are; Stabilisation (which also includes psychoeducation), trauma narrative and processing (emotional processing of distress hotspots), and integration and consolidation (reclaiming life work) (Bisson et al., 2013). For each

distressing memory the therapist will guide the client through a reliving, focusing on the moments of peak upset or emotional hotspots. TF-CBT is informed by Ehlers and Clark's Cognitive Model of PTSD, which states PTSD is maintained when the trauma memory is 'inadequately integrated into its context in time, place, subsequent and previous information and other autobiographical memories' (Ehlers & Clark, 2000, p. 325). Schauer and colleagues (2005) distinguished between 'cold' contextual and 'hot' sensory memories. Cold memories are comprised of information that is verbally accessible and organised autobiographically, such as a memory about a life event such as a wedding or birthday. Whereas, a hot memory is sensory information, cognitive, emotional, physiological and motor responses, these can later be activated by external sensory stimuli such as sights, smells, sounds, strong emotions etc (Schauer et al., 2011). Imaginal exposure is often a central component of TF-CBT, and is used as a method of reducing anxiety after prolonged exposure (habituation), and also to allow cognitive restructuring (re-evaluation of old information and incorporation of new information) (Bisson et al., 2013), in order to update and contextualise the hot memory.

Narrative Exposure Therapy (NET)

NET is a short-term therapy designed specifically for individuals who have experienced multiple traumatic events over prolonged periods of time, specifically survivors of organised violence and war atrocities (Schauer et al., 2005). NET combines exposure elements from TF-CBT (Ehlers & Clark, 2000) with components of testimony therapy, such as the emphasis placed on the socio-political context in which the trauma occurred (Cienfuegos & Monelli, 1983). These two specific aspects of NET encourage the client to elaborate, contextualise and habituate their trauma memories, with the aim of integrating fragmented hot memories of traumatic life events into a coherent chronological narrative of the individual's whole life (Schauer et al., 2011). NET is a manualised treatment which involves the therapist and patient collaborating to construct a timeline of the individual's life in chronological order from birth to the present day. Flowers illustrate positive events, stones traumatic ones, candles for deceased loved ones, and sticks for times the client caused, or allowed, harm to come to another. During the process of the client narrating their life story close attention is paid to the responses during the imaginary trauma exposure, as the therapist tries to

maintain a 'dual focus on present and past experiences' (Robjant et al., 2017). The therapist notices bodily reactions, expressions and any behaviours during the reliving of the hot memories, and attempts to connect, and integrate, the hot memory with the corresponding cold contextual information. Every session is completed only when the client reaches a 'safe' point in their reliving and their emotional arousal has decreased (Kaltenbach et al., 2021). Following each session, the narrative is written up by the therapist and, subsequently read at the beginning of the next session. This serves two purposes; the first is to check coherence with the client and that nothing has been missed. The second is to expose the client once again to the memories to further integrate the hot and cold memories (Schauer et al., 2011), with the aim that the client notices a reduction in affective response the second time around. Therapy concludes by reading through the entire lifeline which is again another chance for exposure. However, importantly the client's narrative and a written account also demonstrates how the therapist has witnessed the individual's testimony, and it is common for clients to share their documented testimony with human rights organisations and lawyers (Robjant et al., 2017; Schauer et al., 2005).

NET is arguably different from other trauma focused (TF) therapies in several ways. First, with a focus on lifespan it was specifically developed for individuals who have experienced multiple traumas (Robjant et al., 2017). Second, the therapist is never neutral - instead advocating for their clients' Human Rights (Neuner, 2016), and third, it is argued as more culturally acceptable as traditional oral storytelling is practiced worldwide. Therefore, individuals might identify with, and more readily accept, the narrative process of NET (Hijazi et al., 2014). Finally, Robjant and Fazel (2010, p. 1038) state that NET also works on a macro-cultural level by 'documenting human rights abuses, reducing the silence which often surrounds such painful violent events and providing a voice for the victims'.

As a type of trauma-focused therapy NET is often only offered following a PTSD diagnosis. Therefore, it is subject to the same challenges and issues previously discussed regarding the constructs of trauma and PTSD. Advocates of NET however, state it is more flexible than other TF-CBT approaches and therefore more easily able to accommodate discussions around context (Robjant et al., 2017). Unfortunately, these discussions are not always the primary focus of the work and are only included if

prioritised by the therapist and if time allows. Finally, as the focus of NET is on reducing symptoms when the client fails to improve, this failure may fall on the client, with discussions regarding the client's readiness for therapy, rather than the appropriateness of the intervention (R. Murphy et al., 2004).

2.4.3. Dominant perspectives in the current literature

Following the provided overview of the psychological interventions currently available to survivors of trafficking, it is important to now examine the literature which exists to support the use of these interventions. To date there is a paucity of research exploring psychological interventions for survivors of human trafficking (Hardy et al., 2013; Katona et al., 2015; Ottisova et al., 2016; Wright et al., 2021). The majority of research that does exist comprises predominantly quantitative studies, underpinned with positivist assumptions, demonstrated by the dominance of the Western medical model within the literature (Lely et al., 2019). For example, a PTSD diagnosis is regularly used as inclusion criteria (Bass et al., 2011; O'Callaghan et al., 2013; Robjant et al., 2017), or when assessing the effectiveness of interventions based on a reduction in symptoms (Gregory & Embrey, 2009; Ertl et al., 2011; Betancourt et al., 2012; McMullen et al., 2013). It is important at this point to acknowledge how the Western medical model has also impacted this research study. The contributors in this study will have been subjected to measures which aim to identify PTSD symptoms, and will only have been offered NET if they met the cut-off for diagnosis.

Due to a dominance of quantitative studies rooted in positivist-realist assumptions (Lely et al., 2019), a lack of emphasis on the individual's experience within the cultural, social and historical-political context exists. When research studies neglect to include the survivors' understanding of their own experiences, the power imbalances and abuses previously experienced, risk being repeated - this time by researchers (Patel & Fatimilehin, 1999). It has been argued that when the Western medical model approach is imposed onto individuals who have already been marginalised, it can further oppress them under the guise of professional support (or research) (Patel & Fatimilehin, 1999). Considering human trafficking survivors specifically, research without context lacks the framework in which to help the reader interpret and understand the collaborators' experiences and the meanings they make of them. The Power, Threat, Meaning

Framework (Johnstone & Boyle, 2018) provides the reader with an explanation of how inequality in power between dominant and subordinate groups (for example traffickers and those being trafficked) leads to subordination and deference strategies which can be difficult to challenge or even recognise for survivors (Fricker, 2007). When inequality and oppression become internalised, they can be experienced as personal weaknesses, such as being unworthy, bad, inadequate, or mad (Miller, 1976). It is important to consider the context of prolonged power abuse when attempting to understand what are often described as symptoms of PTSD, but within this framework could instead be described as survival strategies, for example dissociation (Courtois & Ford, 2012; Dillon, 2011).

2.4.4. Overview of research on psychological interventions for trafficking survivors

Many journal articles and reports suggested general best practice guidelines for treating the mental health of survivors of human trafficking, but only a handful of studies were identified which focused on a specific intervention. Studies that reviewed interventions for child soldiers or former child soldiers were also not included. Child soldiers are arguably a distinct population from adult victims of trafficking exploited for labour or sex and therefore it was deemed outside the scope of this review to include this population. Of the studies that were identified, two evaluated TF-CBT (Bass et al., 2011; O'Callaghan et al., 2013), one NET (Robjant et al., 2017), one a body-based group therapy (Hopper et al., 2018), and one a residential 'integrated care' approach (Okech et al., 2018). The three studies measuring the clinical effectiveness of TF-CBT and NET all reported a reduction in PTSD symptoms, alongside various other reductions in symptoms. However, of these studies two did not attempt to offer any insight into the therapeutic experiences of the participant (O'Callaghan et al., 2013; Robjant et al., 2017), and one offered only a limited description (Bass et al., 2011).

The study by Bass and colleagues (2011) included structured interviews with participants, counsellors, and the counsellor's supervisors following completion of the intervention. The authors included detailed information with direct quotes which allowed the reader insight and understanding of the counsellors and supervisors' experiences. Unfortunately, data from the participants' perspective was reduced to

five bullet points and did not include any direct quotes from the participants' transcripts. Therefore, equal weight was not given to the experiences of the participants, instead a hierarchical relationship is displayed with the 'experts' voices given importance over the participants. The study by Okech and colleagues (2018) had numerous methodological limitations, consequently it was difficult to draw any substantial conclusions. It also did not offer any insight into participants' experiences. Only one study offered any exploration of participants' experiences (Hopper et al., 2018).

Hopper and colleagues (2018) conducted a thematic analysis (TA) on body-based complex trauma groups for survivors of human trafficking called STARS. The intervention included psychoeducation, theatrical or arts-based activities, and elements of mindfulness. Qualitative data from process observations, post-group interviews, and a focus group were organised into three broad domains, interpersonal relationships, regulation, and self/identity. The authors stated that the majority of participants experienced significant difficulties with relationships, and by developing connections with other group members were able to reduce their feelings of isolation and alienation. Through the use of the participants' own words, we gain a deeper understanding of what the intervention meant for them, and what aspects they found useful. However, the aims of the research were not clearly stated instead the authors reported they were 'presenting the STARS experiential group treatment'. This made it difficult to subsequently assess whether the methodology (TA) and the data collection methods used were aligned with the research aims, and therefore appropriate for addressing the research rationale or aims. Additionally, as no reflexive element to the research was offered it was difficult to discern the extent to which the research, specifically the themes and interpretations, were shaped and impacted by the researcher's biases.

Patel and colleagues (2014) state that a divide exists within the literature exploring psychological interventions for survivors of torture and organised violence more broadly. Those individuals who end up in Western countries often receive recommended treatment for PTSD, whereas those that remain in their own or neighbouring countries many receive multiple methods adapted for that specific population and their needs. Unfortunately, those interventions in non-Western

countries are often poorly represented in the literature (Patel et al., 2014). In addition, many survivors may not be able to access assistance, either due to logistical/practical reasons, or because they do not meet the specific selection criteria (both explicit and implicit based on who is a 'worthy' victim) to qualify for support (Tyldum, 2010). Finally, not all survivors of trafficking seek assistance, or accept it if offered. Those with a support network of friends and family may instead chose to utilise these resources instead (Brunovskis & Surtees, 2008). Consequently, our understanding of survivors of trafficking and how they experience psychological interventions may be unrepresentative of the wider trafficking population.

2.4.5. Brief overview of the wider literature

Due to the limited research on mental health interventions with survivors of trafficking, the literature review was expanded to include both a brief overview of NET studies, and two qualitative studies exploring TF-CBT with populations similar to trafficking survivors. Although this research may prove useful when considering interventions for survivors of trafficking, it would be ill advised to generalise the outcomes between these interconnected, but distinct, populations.

Similar to the literature exploring mental health interventions for trafficking survivors, the majority of research into NET with other populations is also quantitative and rooted firmly in a positivist epistemology, with a distinct absence of participants' experiences (Robjant & Fazel, 2010; Lely et al., 2019; Brady et al., 2021). A recent meta-analysis (Lely et al., 2019) included only RCTs investigating NET and reported that NET was more effective than comparators in reducing PTSD and depression symptoms across predominantly war-affected refugee populations. RCTs are only useful when the groups being studied are narrowly defined and the conditions are strictly controlled, which is often not the case in NET studies involving forced migration (Slobodin & de Jong, 2015). Robjant and Fazel (2010) summarised only quantitative data from 16 NET trials, all participants had experienced multiple traumatic events such as those occurring in war or as a result of organised violence. The review reported that all the trials demonstrated a reduction in severity of PTSD and the dropout rates of treatment were consistently low. A Cochrane review (Patel et al., 2014) also only examined RCTs, of the nine trials included four examined NET with refugees (Schauer et al., 2006;

Bichescu et al., 2007; F. Neuner et al., 2010; Hensel-Dittmann et al., 2011). Patel and colleagues (2014, p. 18) stated concern regarding narrowness in the research, as the four NET trials were all 'conducted by one research group with an explicit commitment to NET'. In addition, it was noted that none of the studies in the Cochrane review discussed ethical issues including the important issue of exposure and re-traumatisation, and whether this impacted dropout rates or worsened symptoms (Patel et al., 2014).

Qualitative research exploring survivors experiences of the intervention could potentially offer insight into the ethical considerations including the complexities of informed consent to exposure methods when cultural and language barriers are present, and whether individuals felt in control over the 'nature, duration, detail, and timing of exposure sessions' (Patel et al., 2014, p. 18). Two studies were identified which did explore trauma-focused interventions qualitatively; a study by Vincent and colleagues (2013) which aimed to explore the experiences of seven asylum seekers who received TF-CBT using semi-structured interviews analysed by IPA; and a study by Shearing and colleagues (2011) which also aimed to explore using IPA analysis the experiences of reliving during TF-CBT for seven British individuals who had endured a single-event trauma. Both studies reported similar findings, with participants describing ambivalence towards therapy, and feelings of inner turmoil between wanting change but fearing having to face the trauma. The importance of the therapeutic relationship was also stated in both studies as a mitigating factor against the difficulty of staying engaged with TF-CBT. These two studies offered valuable, more in-depth insights into the experiences of the participants when being asked to talk about the past during TF-CBT. However, as the methodologies utilised, therapy delivered, and participants involved were all distinct from the current research, it would be inappropriate to generalise the findings.

2.4.6. Rationale for Current Study

The literature review identified a paucity of research exploring psychological interventions for survivors of trafficking. The current research in this field is dominated by quantitative methodologies with positivist epistemologies, underpinned by Western concepts and understandings of trauma and PTSD. No published studies examining

NET from the perspective of survivors of trafficking were identified in this review. Demands are increasing for evaluations of psychological interventions to not only measure treatment outcomes, but also explore survivors' experiences of therapy (Katona et al., 2015). It is slowly being acknowledged that research with survivors of trafficking would be 'enriched by rigorous case studies, qualitative methods and other designs' (Patel et al., 2014, p. 24). Through an increase of qualitative, post-positivist research approaches, which foreground the individual's perspective, a more in depth understanding of how psychological interventions are experienced can be gained. When working cross-culturally, qualitative data can lead to increased understanding regarding the cultural relevance of a psychological intervention through exploration of the participants cultural beliefs in relation to the therapy (Sofaer, 1999). Well-conducted qualitative research can explore the various ways experiences are shaped by the social, psychological, and environmental context in which the individual exists, which can be useful for informing our knowledge-base on psycho-social policy formulations and interventions (Willig & Billin, 2012). Survivors have valuable insight into the harm caused by trafficking, and their own treatment needs (HBF, 2015), and it is crucial the discipline of psychology learns from, and rectifies mistakes commonly made within the profession. For example, not engaging with service users in meaningful dialogue, missing opportunities to work collaboratively and subsequently developing a deeper understanding of the interventions being provided. This research aims to add an original perspective to the current literature by adopting a qualitative methodology, specifically a hermeneutic interpretive phenomenology inspired by Max van Manen (1997). This selected methodology will encourage the honouring and privileging of the collaborators' narratives, simultaneously refraining from imposing any Western concepts, whilst representing the meanings of the collaborators' experiences as closely, and sensitively, as possible.

2.4.7. Relevance to Counselling Psychology

Human trafficking has a detrimental impact on an individual's mental health, and reducing distress and promoting wellbeing is a core value of a Counselling Psychologist (British Psychological Society, 2019). Survivors of trafficking are disproportionately racial and ethnic minorities (International Labour Office (ILO), 2017), and stigma and

discrimination are commonplace (Bryant-Davis & Tummala-Narra, 2017). Counselling Psychologists have a duty to utilise research and clinical practice in order to challenge the structures, policies and practices which currently exist and prevent disadvantaged or marginalised groups from accessing opportunities and resources (British Psychological Society, 2017; Goodman et al., 2004). Tribe and Bell (2018) argue that the topics psychologists value as worthy of researching often reflect the inequalities of power found within wider society. With the lack of empirical data on trafficking survivors paralleled by the lack of data on other racially, ethnically, and socio economically marginalised groups within psychological research, which is directly linked to racism and ethnic bias within academia (Bryant-Davis & Tummala-Narra, 2017). Survivors of trafficking regularly receive requests to 'tell their personal story', and the assumption in this request is that survivors will speak about their traumatic experiences of slavery. Consequently, survivors are being heard but in limited ways, drawing a comparison to how people of colour are asked repeatedly to educate white people about racism, survivors of slavery (trafficking) are weary of being asked to share traumatic stories (Dang, 2018). Through this process stereotypes are reinforced as an individual's full identity is eroded with particular aspects sensationalised and others negated. Arguably, within the context of the existing scarce knowledge base, research offering rich descriptions of the meaning survivors make of NET is of ethical significance to the field of Counselling Psychology, as it can provide a more rounded representation of the diversity and individuality of survivors. Additionally, the research aims to provide insights into the lived experiences of NET taking into consideration the wider context, which can inform the practice of Counselling Psychologists (and other professionals) when working with survivors of trafficking. The implications for practice (Health & Care Professions Council, 2015) will be further explored in the Discussion chapter.

3. Methodology

3.1. Chapter overview

This chapter will revisit the rationale for the methodological approach selected - hermeneutic interpretive phenomenology. Additionally, a brief overview of research paradigms, a review of phenomenology and the development of the approach informed by Max van Manen will be provided. Finally, the research procedure will be explained including the recruitment and gathering of data, a description of the data analysis, a focus on the ethical issues encountered, and an explanation of how they were addressed.

3.2. Why specifically this methodology? (Re-visiting the rationale)

Willig and Billin (2011) state that it is imperative to select a suitable methodology based on the aims of the research and the epistemology. Consequently, the rationale for this study will be revisited in order to explain the selected methodology.

The British Psychological Society declares that Counselling Psychologists should:

‘Recognise social contexts and discrimination and to work always in ways that empower rather than control; and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today’ (2005, p. 2). The chosen methodology is an approach to interpretive phenomenology informed by Max van Manen, rooted in hermeneutics. Gadamer et al. (1989) emphasised the importance of context and described hermeneutic phenomenology as the study of texts in their widest sense (i.e. as tissues of meaning and signification), a view shared by van Manen;

Hermeneutic phenomenology is a philosophy of the personal, the individual, which we pursue against the background of an understanding of the evasive character of the logos of other, the whole, the communal, or the social. (van Manen, 1990, p. 7)

The selected methodology does not take accounts at face value but instead seeks to understand the meaning of the account using the wider social, cultural contexts (van Manen, 1990). Hermeneutic phenomenologists accommodate the ‘culturally and

historically situated, dynamic, and interactive nature of our thinking, being and doing' (Spence, 2017, p. 2). Therefore, through the selection of a hermeneutic phenomenological inquiry, interpretations can be made within the broader context providing a 'deeper understanding of the quality, texture and meaning of the experience for that individual' (Willig & Billin, 2011, p. 118). When working cross-culturally, an approach that places importance on context, rather than merely describing and documenting experiences, is invaluable. However, when working with survivors of trafficking, it is crucial. Murphy (2014) states that survivors of slavery (human trafficking) are:

Silenced in slavery often brutally and finally. In freedom, two other forces work to mute slaves. The first is a social context that resists the challenge of freedom, the second is the sense of shame and dislocation that wells up from within the slave's own being. (Murphy, 2014, p. x)

Being guided by Postcolonial theory, and through the adoption of a hermeneutic interpretive phenomenological approach, this research will attempt to refrain from contributing to the silencing of oppressed minorities. Specifically, by attempting to desist from imposing preconceived ideas and biases onto an individual's meaning of their experience. This is achieved through the researcher engaging with the key principles of van Manen's approach. The contributor's narrative should always be told from their perspective, rather than the researcher imposing their own meaning onto it. Van Manen (1997) encourages a flexible and curious approach to the data, with the meaning of the emerging phenomena accommodated by the phenomenological method - not vice versa. An acknowledgement that researcher and contributor co-construct a version of reality is also key to this methodological approach. Both parties explicitly bringing their own experiences and biases to the research in a shared experience (Murphy, 2014, p. x). Throughout the research, the interpretive phenomenological researcher 'continually challenges their own background knowledge and assumptions' (Harper & Thompson, 2012) in order to gain a deeper understanding of the contributors' lived experiences. Consequently, the ultimate aim of this approach is to get as close to the research participants' experience and

understand the unique meaning of the experience from the contributors' perspective (Willig & Billin, 2012).

In summary, the focus on context and the co-constructed nature of the data underpin this selected method. Consequently, the meanings that emerge from the co-collaborators experience and the significance attached to those meanings can be sensitively explored, without being stifled or obscured by preconceived ideas or biases. Additionally, the absence of a rigid set of methodological constraints, within van Manen's approach, offer the flexibility and space needed for contributors to fully express themselves (within the confines of the topic) through their narratives.

3.3. Research paradigms

Denzin and Lincoln (2018, p. 45) argue that 'science is power, for all research findings have political implications. There is no value-free science'. A research paradigm reflects the researcher's worldview, their beliefs about the world they live in, and want to live in (Lather, 1986). The narratives researchers impart are specific to the socio-cultural and political context of the time and place they exist within, and are framed by the paradigm they subscribe to (Denzin & Lincoln, 2018). There is not the scope within this paper to fully review the complex interwoven history of science, politics and research. However, it is important to provide a brief overview of research paradigms and the beliefs that comprise them, as research paradigms influence what will be studied, the way it should be studied, and how the data should be interpreted (Kivunja & Kuyini, 2017). Lincoln and Guba (1985) state that a research paradigm incorporates beliefs on four specific components: epistemology, ontology, methodology and axiology. Epistemology is concerned with the acquisition of knowledge, how we know what we know; ontology 'relates to the nature of reality and its characteristics' (Creswell, 2013, p. 45); methodology is concerned with the process (or the 'how') of gaining knowledge; and axiology concerns the role of values in research (Ponterotto, 2005).

3.4. Selecting a method

There are a wide range of qualitative research methods all producing distinct types of data (Willig, 2012). It is important that the research question is aligned with the

method of data collection, and this needs to create data that is appropriate for the type of analysis being performed (Willig, 2012).

Two methodologies (Discourse Analysis (DA) and Narrative Analysis (NA)) were considered but discounted. DA deems language vital not only to describing an experience but also as a method of 'constructing and mediating social and psychological realities' (Willig, 2012, p. 388). As I am unlikely to share the same first language or culture as the study contributors, I decided it was beyond the sphere of this proposed research to explore the cultural and social constructs of various languages I do not have an in-depth knowledge of. Additionally, this discursive approach is firmly rooted in a social constructionist epistemology, which is interested in how language is understood and used within a social and collective context (Willig, 2012). However, the aim of this study is to explore individual narratives, and therefore it was not an appropriate methodology.

There are some overlaps between hermeneutic phenomenological approach and NA. Both are rooted in the constructivist perspective, and both posit that the researcher is an active collaborator in the study. However, NA is concerned with examining how storytelling is used by individuals to make sense of their own identity and social life (Riessman, 2007). NA typically examines how people make sense of their experiences within the wider story or their life narrative. For example, how they 'impose order on the flow of experience to make sense of events and actions in their lives' (Riessman, 1993, p. 218). However, phenomenology concerns how we make sense of the collaborators' experiences in order to understand the essence of the phenomenon.

The very nature of a phenomenon, for that which makes a some-'thing' what it is — and without which it could not be what it is. (van Manen, 1990, p. 10)

Consequently, NA proved incompatible with the proposed research aim of this study which involved gaining detailed descriptions of the experience, and meaning made of that experience, to better understand the structures of one particular phenomenon. Consequently, a hermeneutic interpretive phenomenological approach was the best match, not only with the aims of my research, but also with my own philosophical position.

3.5. Phenomenology

Neubauer et al. (2019) explain that there are various kinds of phenomenology, each rooted in a different philosophical school. Before selecting a phenomenological research methodology, it is important to reflect on the philosophy that underlies that approach. Each phenomenological philosophy will postulate how to understand and describe the human experience differently, both *what* was experienced and *how* it was experienced (Neubauer et al., 2019). Consequently, the kind of research question that can be answered, and the knowledge produced depends on the phenomenological research method selected (Neubauer et al., 2019). It is not within the scope of this paper to describe all the different approaches to phenomenology, but a focus on the two most prevalent approaches will be provided - transcendental/descriptive and hermeneutic interpretive.

The word 'phenomenology' derives from the two Greek words, *phainómenon* meaning "that which appears" and *lógos* meaning "study" (Friedrichsen & Burchfield, 1996), the study of things as they appear in our experience. Willig (2012) explains that how the appearance of an object is perceived differs depending on the individual's location, context, mental state. This is termed intentionality and describes how meaning is never an adjunct to how the phenomena were experienced, instead the way the phenomena are perceived or experienced is intentional, and therefore forms the actual experience itself. Phenomenology can be termed the study of lived experience, which van Manen (2014, p. 43) describes as the 'experience that we live through before we take a reflective view of it'.

Edmund Husserl (1859 - 1938) was the founder of transcendental (or descriptive) phenomenology, and he was mainly interested in the nature of how we know what we know (Reiners, 2012). Epistemologically, Husserl considered experience as the foundation of knowledge (Racher & Robinson, 2003). The aim of his phenomenological approach was to study things as they appeared in a rigorous and unbiased manner, resulting in an understanding of human consciousness and experience (Valle & Halling, 1989). Through this desire to access an individual's experience directly Husserl (1970) formulated the notion of *Lebenswelt* or 'lifeworld' which is the immediate, pre-reflective consciousness of the experience (Dilthey, 1985). Husserl described a series of steps that would allow researchers to derive knowledge whilst in the state of

‘transcendental subjectivity’ (Lopez & Willis, 2004). In this state the researcher assumes the position of *tabula rasa*: ‘a blank slate’ to get as close as possible to the participants’ experiences. In order to achieve this position, Husserl developed the phenomenological approach which comprises three distinct phases known as: the epoché (bracketing), the phenomenological reduction, and imaginative variation (Willig, 2012). Epoché requires the researcher to suspend their assumptions, interpretations and judgements; phenomenological reduction involves the researcher describing both the physical and experiential features that appear in their consciousness whilst they address the phenomenon; and imaginative variation necessitates the researcher identify what elements are intrinsic to the phenomenon and without them it would not be what it is (i.e., what is experienced and how the experience is possible).

Husserl’s approach to phenomenology was challenged most notably by Martin Heidegger (1889-1976), who believed it is not possible to describe an experience ‘purely’ without interpretation. Heidegger developed a new, distinct branch of phenomenology known as ‘interpretive phenomenology’ (Neubauer et al., 2019). This approach posits that all description is a form of interpretation and the two cannot be separated (Willig, 2012). Heidegger used the term ‘lifeworld’ to describe how an individual’s reality is influenced by the world in which they live (Lopez & Willis, 2004). Central to Heidegger’s approach to phenomenology is the notion that an individual’s conscious experience of a phenomenon is entwined with the world in which they live, and their own personal history from which they cannot be separated (Neubauer et al., 2019). Heidegger rejected the idea that the human being (subject) is a spectator of objects, instead he argued that both subject and object are inseparable (Horrigan-Kelly et al., 2016). Individuals are unable to experience a phenomenon without placing it into the context of their historical lived experiences and background understandings (Neubauer et al., 2019). Heidegger introduced the term ‘Dasein’ which literally means ‘being there’, and wanted to understand the experience of a human being and their relationship to ‘being there’ and ‘being in the world’ (Horrigan-Kelly et al., 2016). Heidegger also uses the phrase ‘Being-in-the-world’ to refer to the way human beings exist, act, or are involved in the world (Heidegger, 1867). When considering interpretive phenomenology as a methodology, the researcher needs to go beyond

merely describing the phenomenon to instead interpreting it (Neubauer et al., 2019). The term 'hermeneutics' can be defined as the art of interpretation (Schmidt, 2006). Smith et al. (2009) describes how the researcher is always engaged in a double hermeneutic, as they try to make sense of the participant as the participant is trying to make sense of their own experiences. The double hermeneutic process within the phenomenological approach describes how the researcher and participant co-construct a version of reality - both bringing their own experiences and biases to the research (Ponterotto, 2005). When adopting a hermeneutic phenomenological approach, the researcher needs to consider the influence of the individual's background and how this historical context impacts on the individual's experience of existing within the world (Neubauer et al., 2019). Consequently, a hermeneutic phenomenological researcher will interpret an individual's account of their experience in relation to context, by reflecting on the social-cultural expectations and norms at the time of data collection. It is through this interpretation situated within context that the meaning an individual makes of their experience will be revealed and how the decisions made by that individual are influenced by their understanding of their being in the world (Heidegger, 1867). The process of meaning making is often referred to as the 'hermeneutic circle' (Schleiermacher, 1998) as the 'parts can only be understood from an understanding of the whole, but that the whole can only be understood from an understanding of the parts' (Schmidt, 2006, p. 4). Therefore, we need to grasp both the individual's experience and the wider context in order to gain an in-depth understanding of the experience of the phenomenon from the individual's perspective (Willig, 2012).

3.6. Hermeneutic Interpretive Phenomenology - informed by Max van Manen

Max van Manen (1942 - present) developed an approach to hermeneutic interpretive phenomenological research, which he describes as an 'artistic endeavour' rather than a technique or science (van Manen, 1984). Hermeneutic phenomenology inspired by van Manen follows the philosophy of Hans-Georg Gadamer, in that language, understanding and interpretation are all interwoven (Langdridge, 2007).

The (phenomenological) 'facts' of lived experience are always already meaningfully (hermeneutically) experienced. Moreover, even the 'facts' of lived experience need to be captured in language (the human science text) and this is inevitably an interpretive process. van Manen (1990, pp. 180–181)

For van Manen, language reveals being within the historical and cultural context (Sloan & Bowe, 2014). For example, the data is provided by the language (dialogue) of the interview, and then through the process of the 'hermeneutic circle' the researcher explores the lived experience of the phenomena by interpreting whilst moving between part of the text and the whole text (Langdridge, 2007). Interpretation is an unavoidable part of understanding an account as it is necessary for the researcher to make assumptions about the meaning of an individual's narrative (Willig & Billin, 2012). However, these interpretations are continuously tested during the process of the hermeneutic circle' when placed in the wider context of the overarching meaning of the narrative as a whole (Willig & Billin, 2012). Interpretation is the key differentiation between the hermeneutic and descriptive approaches to phenomenological research. It necessitates the researcher to make their biases, assumptions, beliefs explicit, rather than bracket them, and continuously question them and ourselves (van Manen, 1990). The essence of hermeneutic interpretive phenomenology is the complex and methodologically difficult process of interpretation. This involves carefully listening to each statement of the individual's narrative with the intention of identifying the good data from that which is not (van Manen, 1997).

To summarise, the selected methodology needs to be consistent with the epistemological and ontological underpinnings of the research study (Willig, 2012). Constructivism is the epistemology which underpins hermeneutic phenomenology based on the premise that data is co-constructed and situated within the social-historical context (Ponterotto, 2005). Constructivism corresponds to the ontological position relativism. A relativist assumes that reality is not an external, singular or fixed entity, instead it is constructed in the mind of each individual. Realities are changeable depending on the historical and cultural contexts within which the individual is situated (Moon & Blackman, 2014).

3.7. Phenomenology as a methodology

Van Manen (2016) encourages researchers to refrain from reducing phenomenology to a set of standardised techniques, instead suggesting that the basic method should be seen as ‘an attitude of practicing a certain attentive awareness to the things of the world as we live them’ (2016, p. 41). However, van Manen does offer methodological suggestions that should not be seen as steps to follow but rather considerations when undertaking hermeneutic phenomenological research:

1. Turning to a phenomenon which seriously interests us and commits us to the world
2. Investigating experience as we live it rather than as we conceptualise it
3. Reflecting on the essential themes which characterise the phenomenon
4. Describing the phenomenon through the art of writing and rewriting
5. Maintaining a strong and oriented pedagogical relation to the phenomenon
6. Balancing the research context by considering parts and whole (van Manen, 1990, pp. 30–31).

Research is considered an act of care by van Manen (1990), and it is this phenomenological principle that guided every aspect of this study, specifically when considering the recruitment, and the interview process, setting and style.

When considering data analysis, instead of rigidly applying a ‘rule bound’ method of coding the data, van Manen (1990, p.79) argues for a process that involves a ‘free act of “seeing” meaning’, suggesting three general approaches towards uncovering meaning in the data, the ‘Holistic’, ‘Selective’ and the ‘Detailed’ (van Manen, 1990, p. 92). These three approaches demonstrate how the researcher needs to be shifting continuously between the parts and the whole of the data to gain an understanding of the meaning (Willig & Billin, 2012, p. 124). This research utilises the ‘selective reading’ approach, which involves reading the text several times and selecting phrases that seem particularly pertinent to the experience being described.

3.8. Pilot Interview

It is important to situate my research study within the context of the 2020 Covid-19 pandemic, which caused global chaos. The impact of the pandemic on my research was substantial, but for the sake of brevity I will discuss only the major revisions. I intended to conduct face-to-face interviews and received ethical approval for this proposal in April 2020. During the summer it became clear I needed to amend my research to take place online instead. After submitting my amendments, I encountered significant delays in receiving ethical approval. As a consequence, I made the difficult decision to no longer engage in a pilot interview in order to save time. A pilot interview would have allowed me the opportunity to learn from and alter my interview questions and style. However, instead I held informal discussions with two NET therapists at HBF who advised me on my interview prompts. This process was helpful as it encouraged me to think about the language I was using, and the therapists provided me with ideas for other prompts that might aid further recollection.

3.9. Recruitment:

Collaborators were recruited from HBF, only two London-based human rights charities currently offer NET specifically to survivors of human trafficking, HBF and Freedom From Torture. The National Health Service (NHS) offers NET within several of their trauma services however, although some clients may be survivors of trafficking, the service is not specifically for this population. HBF holistically supports survivors of human cruelty, offering various different psychological interventions within the context of a model of integrated care - meaning clients receive assistance with legal, housing, medical and practical issues alongside therapy.

The inclusion criteria stipulated that contributors needed to be:

- Recognised as a survivor of human trafficking, meaning at HBF the individual would need to have been referred into the National Referral Mechanism (NRM)⁵.
- Over the age of 18 years old. Child survivors of trafficking are arguably a distinct group from adult survivors with their own set of characteristics and challenges, and HBF does not accept children as clients.
- Currently still active clients at HBF. It was ethically important that contributors could access therapeutic support from the charity if needed following the interview.
- Fluent in spoken English. Due to my chosen methodology using data which had been interpreted once (by a translator) before applying another phenomenological interpretation would be unfeasible.

Due to a previous quantitative randomised control trial at HBF, there existed a database of twenty-five trafficked survivors who have completed NET and had given permission to be contacted for other research purposes. The head of research at HBF permitted me to search this research database, and eight were identified as eligible for my study. Due to the vulnerable nature of this population, I consulted the head of therapy at HBF to elicit advice on the well-being and current situation of the potential interviewees, prior to contacting any individuals. I was granted permission to contact seven of the eight individuals. The eighth potential collaborator had previously verbally stated they did not wish to take part in any more research, but this was not logged on the research database.

When making initial contact with potential collaborators, they were asked if they were interested in participating and it was made clear they were not under any obligation to, and the support they received from HBF would not be affected. Any individuals who expressed interest were sent an invitation email, which included a link to the Microsoft Teams meeting, the consent form, and participant information sheet (see

⁵ The NRM is a highly controversial and problematic framework introduced in 2009 to meet the UK's obligations under the Council of European Convention on Action against Trafficking in Human Beings. The aim of NRM is to identify victims of trafficking so they are able to access the appropriate protection and support. It is outside the scope of this study to discuss in full the intricacies and problems associated with the NRM.

appendices B – D). A verbal debrief directly followed the interview, and a thank you email and debrief information sheet was sent to each collaborator within 24 hours (see appendix E).

3.10. Collaborators

Seven potential collaborators were contacted, six agreed to participate and one declined. Table 1 (below) describes the collaborator demographics, plus details on their therapy. Time since therapy is taken from their last NET session to the date of their research interview. Each collaborator was seen by a different therapist. Five of the therapists were Clinical Psychologists, and one was a UKCP qualified Psychotherapist with a PGDip in Psychotherapy and Counselling.

Due to the small number of co-collaborators and their distinctive characteristics (i.e., country of origin and gender), the demographics will not be linked to the pseudonyms used in the analysis chapter. This is in order to protect the collaborators' confidentiality and anonymity. In the analysis gender neutral pseudonyms and pronouns will be used whenever possible.

Table 1

Collaborator Demographics

Gender	Age range	Country of birth	No. of therapy sessions	Time since therapy ended	Purpose of trafficking
F	45 - 55	Nigeria	19	2 years, 9 months	Sex
F	35 - 45	Albania	19	2 years, 7 months	Sex
M	35 - 45	China	13	1 year, 11 months	Labour
F	35 - 45	Pakistan	18	2 years, 2 months	Sex
F	25 - 35	Albania	26	1 year, 5 months	Sex
F	35 - 45	Nigeria	13	1 year, 8 months	Sex

3.11. Interview: Setting, style and procedure

My interviews were planned to take place on site at HBF, this was preferable due to it being the same location they received NET, thereby aiding recall of their therapy experiences and hopefully also feeling like a safe and familiar place. However, due to Covid-19, the interviews were conducted online using Microsoft Teams instead. Many survivors have to share bedrooms, and do not have access to Wi-Fi or a smart phone. Therefore, before conducting interviews I had to ascertain that collaborators would have a private and safe space to talk, and access to the internet. The contributors were not paid, and as the interviews took place online no expenses were offered - with the exception of any costs incurred buying data for an online video interview.

Interviews were recorded using Microsoft Teams after gaining explicit verbal consent from the interviewee. Microsoft Teams is a secure, confidential platform which is encrypted as default. At the beginning of each interview, the interviewee was asked if they had read and understood the consent and information forms provided via email prior to our meeting. Based on previous experience, it was unsurprising that most contributors had not read the information. When English is an additional language, verbal methods of conveying information are often preferred to written forms. I was prepared for this situation and took great care to slowly read through both forms simplifying terms and clarifying points when necessary. In addition, I checked understanding continuously throughout the online interview and used other modes of communication such as body language to identify whether the contributor may have trouble with comprehension. I received oral consent from all the contributors, and several individuals also provided written consent (both forms of consent are available on request).

Van Manen (1990) states that one aim of a hermeneutic phenomenological approach when interviewing is to develop a conversational relationship. Therefore, I did not read from a script and learnt the key consent information and interview script by rote, as I felt this was more likely to foster a conversational approach. Van Manen (1990) posits that an unstructured interview with open ended questions can help prevent the researcher imposing their preconceived notions onto the interviewee. Therefore, I attempted to conduct the research interview with only one core question, using

prompts if needed to reorient the contributor back to their lived experience of NET (see Appendix F for interview protocol). My core question was:

Please tell me as much as you can remember about what it was like to have narrative exposure therapy at the Helen Bamber Foundation?

3.12. Data analysis

Following data collection, the interviews were transcribed manually with any identifying information omitted, to protect the collaborators confidentiality and anonymity. Van Manen's 'selective' reading approach (described in section 3.7) was chosen to analyse each of the six transcripts. Van Manen (1990) emphasises the importance of writing throughout the research process not just during the final 'write up' stage. He argues the need to engage in a process of 'writing, and then rewriting (including revising or editing), reminiscent of the artistic activity of creating an art object that has to be approached again and again' (van Manen, 1990, p. 131). It is only through writing, rewriting, and reflecting that themes emerge, we can make sense of the data.

3.13. Assessing quality

The field of qualitative research is diverse and Denzin and Lincoln (2018) argue it might not be desirable to reach a consensus on quality qualitative research, even if it were possible. Researchers have attempted to define criteria for assessing whether a study can be deemed good quality, with significant overlap including reflexivity, credibility and transferability (Willig, 2012). However, what is clear is that each set of criteria is orientated to the authors preferred methodological practice (Willig, 2012). Therefore, each privilege particular aspects of quality and rigour that support their specific methodological approach. Madill et al. (2000) argue that it is not in fact problematic to have different criteria for evaluating various qualitative methodologies. Without a unified qualitative research paradigm each methodological approach is based on widely varied assumptions and beliefs about the world, what constitutes knowledge, and how best to gather this knowledge. Therefore, criteria should be tailored to the particular method it is meant to evaluate (Madill et al., 2000). When considering the selected methodology of this research, it is important to explore what might be lost when attempting to comply with rigid or inappropriate standards of quality. By

focusing on whether the narrative of our contributor is accurate, or factually sound, we as the researcher may inadvertently assume a position of power and dominance over our contributor (hooks, 1990), as cited in Rashotte & Jensen, (2007). Rashotte and Jensen (2007) suggest that the validity (or quality) of a hermeneutic interpretive phenomenological inquiry could be addressed more meaningfully through a set of ethical questions focusing on relational ethics, as this might be more aligned with the underlying philosophy of this methodological approach. Consequently, this research was guided by Creswell's (2013) recommended standards when assessing the quality of a phenomenological study. Creswell (2013) presents the guidelines in the form of multiple questions, which are presented and addressed in [Table 2](#). Finally, the criteria described by van Manen (2014) formed the framework for the quality evaluation of this study (see [Table 3](#)).

A high-quality phenomenological text cannot be summarized. It does not need to contain a list of findings—rather, one must evaluate it by meeting with it, going through it, encountering it, suffering it, consuming it, and, as well, being consumed by it. Selected criteria to evaluate the phenomenological quality of a study are the following: heuristic questioning, descriptive richness, interpretive depth, distinctive rigor, strong and addressive meaning, experiential awakening, and inceptual epiphany. (van Manen, 2014, pp. 355–356)

The intention throughout this study has been to internalise and continuously consider the evaluative criteria stated by van Manen.

3.14. Defining ethics

Ethics is a branch of philosophy which attempts to explore how people should act in the quest for the right conduct (which is identified as the conduct causing the greatest good) (Jha, 2019). Morals or morality are distinct from Ethics, and relate specifically to acts or codes in the practice of the right conduct (Jha, 2019). Ethics incorporates moral acts or codes into an individual's philosophy of life. As researchers it is important to examine our own ethical philosophy as it will impact on our research study. The British Psychological Society (BPS) code of human research ethics (2014, p.

5) defines 'research ethics' as 'the moral principles guiding research from its inception through to completion and publication of results'. This concept of research ethics as a continuous process throughout the research, as opposed to a distinct component of the study is supported by Brinkmann and Kvale (2005) who caution against the practice of ethics as rule-following. Instead, they suggest that researchers learn 'ethical research behaviour' and develop 'the ability to sense, judge and act in an ethically committed fashion' (2005, p. 278).

3.15. Ethics consultations

Ethical approval was gained from both the University of East London (UEL) Ethics Committee, and HBF (appendices G - I). The British Psychological Society's Code of Human Research Ethics (2014), the University of East London's 'Code of Practice for Research Ethics' (2015), and the World Health Organisation's 'ethical and safety recommendations for interviewing trafficked women' (2003) were all carefully considered and adhered to when designing this research. However, these codes of practice and recommendations were only a starting point. Throughout the entire research journey many other ethical perspectives and sources contributed to the continuous ethical considerations that formed the foundations of this research study.

3.16. Ethics within a hermeneutic interpretive phenomenological inquiry

When selecting a hermeneutic interpretive phenomenological inquiry inspired by van Manen, the researcher is not merely collecting and analysing data, they are entering into a relationship with the contributor (Rashotte & Jensen, 2007) and with this comes an ethical responsibility to the Other. Rashotte and Jensen (2007) argue that two more relationships are fundamental to the hermeneutic approach. First, the relationship between the researcher and the data, which involves a more circular, rather than linear, process of analysis challenging and testing the interpretations as they emerge (Rashotte & Jensen, 2007). This perspective is strongly aligned with the van Manen approach which rejects a more rigid rule-bound coding approach (van Manen, 1990). Second, the relationship between the researcher and the reader, as it is the researcher's responsibility to convey a sense of the empathy, sensitivity, respect and reflection to the reader (Rashotte & Jensen, 2007). Van Manen (1990) describes research as an act of care, which is a principle I have attempted to uphold at all times.

3.17. Evaluation through ethics

The importance of relational ethics is arguably even more paramount when working cross-culturally. Four key criteria were proposed by Meleis (1996) which were used to evaluate this research.

Contextuality

Meleis (1996) states that the marginalisation and stereotyping of specific populations during the process of research occurs when context is not considered. When working with survivors of trafficking to neglect the socio-cultural, political and historical contexts that contribute to their narratives, would be woefully unethical. This study includes an extensive literature review and utilises a phenomenological approach informed by van Manen, which emphasises placing the contributors narratives firmly within the wider context.

Communication styles

Demonstrating an attempt to understand, and show respect for, the subtleties and variations in language is crucial when engaging in a hermeneutic phenomenological inquiry. Using the contributors own terms which directly express their experiences both when conducting the interviews but also throughout the production of the report is the ethically competent manner of working (Meleis, 1996). The interviews and all written communication with co-collaborators were extensively considered with a continuous questioning of my own biases. Additionally, I consulted other professionals to check for my own blind spots. Finally, I attempted to maintain an open and curious position with co-collaborators, using their own language throughout the interview process.

Awareness of identity and power differential

Although unrealistic to completely eliminate the power imbalance, a relationally ethical study would recognise and attempt to decrease the hierarchical differences (Meleis, 1996). By selecting a hermeneutic interpretive phenomenological approach informed by van Manen, I recognise that the knowledge gained in this study is co-constructed by the researcher and the contributor. Both myself (as the researcher) and the reader will need to reflect upon their own assumptions and power when engaging

with the study (Meleis, 1996). By foregoing the temptation to simplify the experiences of the Other and instead represent their complex narratives to the full, the power imbalance can be minimised (Meleis, 1996).

Disclosure

One method of evaluating the relational ethics can be through the degree of trust established between the researcher and contributor. Indicators of the establishment of trust can include the depth of information shared and the verbal and non-verbal signals of the contributors comfort and openness throughout the interview (Meleis, 1996). The analysis chapter of this research will demonstrate to the reader whether trust was established in this study.

3.18. Additional ethical considerations specific to this research

Survivors of trafficking are usually defined as a ‘highly vulnerable group’ in research because the topic under discussion is usually sensitive relating to issues including sex, violence, exploitation, organised crime, mental health, trauma, physical health, immigration and asylum processes (R. M. Lee & Renzetti, 1990). Researching this population has the potential for harm, and this harm might not be immediately known to either the participant or the researcher (Easton & Matthews, 2016). Therefore, researchers need to reconcile this conflict between finding the balance of conducting quality research, whilst refraining from causing harm.

The degree and duration of the physical danger and psychological trauma to an individual is not always evident. In some cases, risks may not be obvious to the interviewer. In other cases, dangers may not be apparent to the woman. (World Health Organisation et al., 2003, p. 5)

Informed consent is a key consideration in all ethical guidelines, however gaining fully informed consent with survivors can be complicated. An individual’s trust is often repeatedly broken during the process of being trafficked, and therefore, understandably, it can be difficult for survivors to trust others again (Easton & Matthews, 2016). This has implications for research especially around informed consent, and disclosure during an interview. It is imperative that the researcher does not become another person in the contributor’s life to break their trust. Due to difficulties with agency, some survivors (not all) may be overly trusting and readily

agree with what others ask therefore, the issue of coercion is an important one. When I contacted contributors, they may have felt under pressure to participate in order to maintain the level of support they currently receive from HBF. The utmost care was taken with informed consent to explain the purpose of the research, what it would involve, that it would not impact the services they received, and the voluntary nature of participation. In order to minimise any feelings of coercion I stated my role of student and researcher and explained the research was being conducted through the university. For full transparency, I stated my one day per week position at HBF but that I was only interested in their experiences in my role as a researcher.

The intention was never to hold dual roles as researcher and part time trainee psychologist on placement at HBF, however due to delays caused by Covid-19 this became the reality. In order to manage these dual roles, the therapy team ensured I had not worked therapeutically (or in any capacity) with any of the potential contributors. I also did not discuss my research with any of the therapy team, most of the team were unaware of the research being conducted. I communicated exclusively with the Head of Research and agreed that if any issues arose, he would be the first point of contact. One concern was how to manage complaints made by a collaborator about their therapist during the interviews. By having the Head of Research to liaise with I felt more comfortable that I could raise this issue, and not have to go directly to the therapy team myself. Considering, and planning for situations ahead of time helped me to separate the two roles as much as possible.

Contacting potential collaborators through HBF may also have implications for disclosure. Individuals may have found it more difficult to express their honest opinions about therapy for fear the information will be relayed to their therapist, or negatively impact their ability to gain further support. Again, to mitigate this I spent time explaining anonymity and confidentiality, and worked to build trust in a short space of time, hoping this would allow contributors to speak freely. However, as the pool of potential contributors is quite small, there is the possibility that staff may be able identify individuals. Consequently, the demographic information was also anonymised. For example, age ranges were used rather than a specific age, and none of the transcripts or direct quotes were linked to any of the contributors' demographic information. Another important reason for absolute confidentiality and anonymity is

the ever-present risk of an individual's trafficker gaining and using any information about the contributor. In addition, it is also important that the Home Office cannot identify the contributor. As although highly unlikely, they may wish to use the information as evidence in any legal cases, and can subpoena a researcher's notes.

Striving to do no harm to participants is one of the core principles of research ethics (British Psychological Society, 2014). However, it is possible this research could lead to feelings of anxiety or stress for the contributor. Asking questions about therapy, may be a reminder of the issues they were discussing at that time, or differences in their mental health in comparison to now. Additionally, the interviews themselves, could be re-traumatising as individuals may have experienced interrogation in their home country prior to trafficking, and after escaping their traffickers by the Home Office and/or the police. These experiences can be highly traumatic as they may result in detention, imprisonment or threats of deportation. Consequently, it was important to make the research interview as different as possible from previous interviews. I attempted to foster a warm and calm environment where the individual felt respected and the power imbalance was minimised. This was achieved through carefully listening to the individual, never rushing the interview, and regular well-being checks. If any contributor became distressed, I paused the interview and offered them the opportunity to have a break, or to stop the interview altogether. If the interview needed to be stopped, I signposted the individual to professionals at HBF for psychological support. Part of the consent procedure is explaining the caveat to confidentiality which meant if I was concerned about their safety or anyone else's, I could speak out. Therefore, I felt comfortable contacting a HBF therapist for support in the event of a contributor becoming unduly distressed. In the event that a situation could not be contained by HBF staff, I followed their emergency protocol.

The impact of the global pandemic has already been discussed in detail earlier in the chapter. However, it is important to briefly mention the requirement to alter many of my protocols to adapt to this new situation. For example, I ended my interviews with a more extensive exploration of how they were currently feeling, included more contact details for support organisations in the debrief email, and offered a check in call for all co-collaborators the following week.

3.19. Harm to the researcher

Ethical considerations related to the researcher are often missed, and even in this study it is included at the end, almost as an afterthought, yet the detrimental impact of difficult topics on researchers can be significant. The evidence demonstrating the negative effects on those working with survivors of violent crime, war trauma, torture and childhood abuse is now well established (Danieli, 1988; McCann & Pearlman, 1990). Vicarious trauma is the term used to describe how an individual's sense of self and worldview can be transformed as a consequence of 'empathic engagement with survivors and their trauma material' (Pearlman & Saakvitne, 1995, p. 31).

Due to the Covid-19 global pandemic trauma-related research is often taking place remotely. In this situation the BPS's guidance (2020) states there is an increased risk of secondary trauma and compassion fatigue due to increased isolation from the support of workplace colleagues, and the boundary between work and home life disintegrating. In addition, your home may start to become associated with violence and trauma, leaving you no place to escape (British Psychological Society et al., 2020). In order to protect my own wellbeing, I regularly monitored my mood, and used a combination of supervision, a research journal, and personal therapy to explore my feelings and reflect on any changes, or strong reactions I had to this research.

3.20. Chapter Summary

This chapter examined the theoretical underpinnings of the selected methodology, detailed the process for data collection and analysis, explored the criteria for assessing quality, and importantly considered the relevant ethical issues. The analysis will now follow with an in-depth exploration of the phenomenological themes which emerged through the reading and re-reading of the co-collaborators' narratives.

4. Analysis

4.1. Overview

In order to attempt 'a more full-fledged phenomenological description, we need to determine the themes around which the phenomenological description will be woven' (van Manen, 1984, p. 28). Therefore, following a brief explanation of hermeneutic phenomenological analysis, this chapter will present a descriptive exploration of the themes that emerged during analysis. Six co-collaborators' narratives, in the form of interview transcripts, were read and reread with a specific focus on the segments where the experience of NET was spoken of. The collaborators' interviews were all conducted online using Microsoft Teams, whilst they were at their place of residence. To reiterate, gender neutral pseudonyms and pro-nouns will be used, whenever possible, to ensure confidentiality.

4.2. Hermeneutic phenomenological analysis

Van Manen describes the aim of phenomenological data analysis as the ability to translate the essence of the collaborator's lived experience into text form in a way that is meaningful and provides a 'reflexive re-living' (1997, p.36). Interpretation of the interview transcripts took place continuously throughout the analysis, with much reflection and discussion. In order to provide a clear description of this research, the process of method and then analysis is referred to in a linear manner, however hermeneutic phenomenological informed research is cyclical and perpetually evolving. Specifically, the hermeneutic process of phenomenological research can be summarised as the continual alternation between the wider framework within which the analysis is taking place (the whole), and the exploration of the meaning being made of the phenomena under study (the parts).

4.3. Emergence of themes

Phenomenological themes are described by van Manen (1990) as comprising of 'structures of experience' in relation to the phenomenon under study. More than generalisations or prescribed categories, phenomenological themes instead try to capture the essence or meaning that is imbued in the experience (van Manen, 1990). Rather than themes being imposed on the collaborator's narratives, they are co-

constructed by both the researcher and collaborator, a process fundamental to hermeneutic phenomenological research. A different researcher is likely to have produced different themes from those in this research (further explanation in the Discussion chapter). Phenomenological themes cannot ever fully capture the entirety of the lived experience, only ‘allude to, or hint at an aspect of the phenomenon’ (van Manen, 1990, p. 92). In order to best represent each theme, the researcher’s task is to identify and use specific phrases or statements from the collaborator which best capture the meaning of the theme (van Maen, 1990).

4.4. Summary of themes

A summary of the themes which emerged whilst analysing the data from the collaborators’ interview transcripts is provided below, a more detailed exploration of the themes will follow.

Table 4

Summary of the themes

	Theme	Sub-Themes
1.	To engage with therapy, or not, that is the dilemma	Hopes for intrapersonal changes Hopes for interpersonal changes
2.	The struggle to continue with NET	Shame as a barrier to therapy Searching to find the words to describe The fear of remembering, and talking
3.	Trust kept me coming back to sessions	Trust in the therapeutic relationship Trust in an organisation
4.	Does NET help, and if so, how?	Making sense of the past Being heard and understood by another
5.	Talking therapy is not enough	Importance of practical support
6.	Living after therapy	A new sense of self Relationships with others Finding a safe place

4.5. Exploration of themes

4.5.1. Theme 1: To engage with therapy, or not, that is the dilemma

The experience of therapy for collaborators seemed to start before sessions even commenced. Those who requested therapy, or chose to accept it when offered, embarked on a process considering the pros and cons. This may have been a lengthy, and reflective journey, or short, with the individual believing there was no real choice available to them. For example, that they had to accept therapy in order to continue receiving other support from HBF, or that therapy was their last, and only, chance to 'feel better'. Each collaborator spoke about future hopes as a defining aspect of their decision to engage with therapy. These hopes were often cited in the context of the individuals' motivation to see a therapist, and were characterised into two main sub-themes; first, improving the relationship with the self (intrapersonal changes), and second, improving relationships with others (interpersonal changes).

Hopes for intrapersonal changes

Each of the collaborators mentioned that by engaging in therapy they hoped improvements within themselves (or their mind) would follow. These changes were often described as 'feeling better', which seemed for some individuals a difficult concept to define. Gray believed that if therapy could erase their memories then the result would be a 'better' life, but did not elaborate on what 'better' meant.

I want to take the bad memories away, and then make my life better. (Gray, 2020, 4:154)

Some collaborators did have a more specific notion of what feeling better meant. Alex shared the same desire for thoughts or memories to be removed as described by Gray, but was also able to describe how they hoped therapy might improve their difficulties.

I knew that we were going to talk quite in detail, so I was thinking maybe everything inside my mind, if I'm going to talk about each and every detail and every point what happens in my teenage, would maybe, I will be able to get rid of that thought forever, because I am just speaking out to spit it out. (Alex, 2020, 5:187)

Perhaps for Alex, there was an expectation that by talking in detail, the source of their current difficulties could be ejected from their mind. The phrase ‘spit it out’ conjures a vivid image of forcibly ejecting something disgusting or poisonous from the mouth. The thoughts (memories) from Alex’s teenage years perhaps seem like a poison, seeping into and contaminating the rest of their mind. Alex describes their hope that through the process of talking with a therapist, the poisonous memory can be rooted out, and forever expelled. The release of the thoughts currently believed to be causing their distress, would be an act of catharsis.

Some collaborators spoke of how the past experiences they endured meant they were no longer the same people they were before. They were changed, and for some individuals this was experienced as a loss, they lost part of themselves due to the cruelty that was inflicted on them. Charlie expressed hope that therapy might provide the opportunity to recover or reconnect to the part of themselves which had been previously lost.

You might get yourself back, you know? (Charlie, 2021, 8:316)

The phrase ‘get yourself back’ suggests that for Charlie there are two different versions of themselves. The one that existed before the past incidents and the one that now exists, and for Charlie the one that existed previously is the preferred, true self, the one they desire the return of. Perhaps, the current self seems spoiled in some way or deficient in comparison to that previous imagined untainted self.

Hopes for interpersonal changes

It was not only intrapersonal changes which were hoped for, collaborators also spoke of their desire for improved relationships with others as motivation to participate in therapy. Despite the cruelty inflicted on these collaborators by others, some individuals still spoke of their need to engage with the world, and the importance of relationships with other people.

Blake had a desire to become closer to people in general, and attributed the lack of close social relationships as a result of their poor mental health.

Things were really bad as I was having a lot of flashbacks and a lot of anxiety and depression, which meant I couldn’t be close to people. I didn’t want to allow people to come close to me and have a lot of communication with other people,

like I was more lost. After having my son, the situation has become very annoying as I needed help, I needed someone to talk to. (Blake, 2021, 3:121)

Blake describes how difficult they found it to be close to others, perhaps previous experiences of being trafficked may mean for Blake the idea of becoming close to others again is a frightening one. For the collaborators in this study past relationships with others were coercive, and led to betrayal, physical, sexual and/or emotional abuse. Despite this, the need to reconnect with others is powerful as Blake speaks of her current disconnected state as a feeling of being 'lost'. The feelings of loneliness seem to have intensified for Blake after the birth of their son. The experience of becoming a parent and the mixture of emotions this undoubtedly arouse, may have resulted in Blake longing to reconnect with others. It is likely that under different circumstances (perhaps in their home country) Blake may have had the support of their family, friends, and the local community when raising a child. However, as a consequence of claiming asylum in an unfamiliar host country the loneliness they feel may be amplified with no support network to help them through this enormous life transition into parenthood.

Alex spoke of the discrepancy between how others view them, and how they view themselves in comparison to others.

I always feel it's, it's like something is lacking and I was thinking maybe this therapy would help me to be like as normal like as any other person because from outside because I am talking to you if someone else they see me so they think I'm very normal, like educated and this and that, but I want to feel the same thing inside as well. (Alex, 2020, 5:174)

Alex attempts to put into words how different they feel on the inside compared to what others perceive them to be like from the outside. Alex seems to be describing an imposter syndrome, or a disconnect, between how they feel and what others see, stating a desire to be the person others see instead of the one they feel like internally. Alex describes themselves as less than in comparison to others and not 'normal' like everyone else. Alex's hopes focused on therapy transforming them into the type of person they believe everyone else to be, and what they think everyone sees them as

from the outside. It is likely difficult to have deep, close relationships with others if you do not believe they see the 'real' you.

Through the descriptions of these hopes a powerful image - of the collaborators' lives before therapy - is portrayed. With the full impact of the difficulties exposed, it becomes evident how important, and challenging, the collaborators' decision of whether to engage with therapy or not is. These hopes reflect the desire for a better future, by reconstructing new relationships with themselves, reconnecting with others, and identifying a place for themselves as part of the community or outside world again.

4.5.2. Theme 2: The struggle to continue with NET

Following the decision to embark on NET, every collaborator discussed their personal struggle to continue with it. This inner turmoil or conflict was often described as a process of weighing up the costs of continuing therapy against the benefits collaborators' either hoped for, or were already experiencing. The costs related to feelings of shame, fear, and the uncertainty of not knowing what will be asked of them. The outcome of this process can perhaps be best expressed on a continuum, with collaborators' either stating the benefits outweighed the costs; uncertainty about whether therapy was worth the struggle; or that the costs were too great, and therefore they did not complete therapy.

NET is a talking therapy based on the premise that clients are willing to talk in detail about their past experiences. However, each collaborator expressed a language-based struggle with therapy, often finding it difficult to verbalise what they had endured. Finding the words to describe the event was difficult for some individuals due to their perceived limited English language abilities, and for others they stated language failing them as words could not describe how they felt during their worst moments. The fear of speaking out loud - or even remembering - what happened to them was discussed, as was the shame felt by collaborators when facing their therapist. Consequently, for the collaborators their desire for therapy was in a direct conflict with the challenge of talking about their past.

I don't want to tell anyone my past story. I just want therapy. (Robin, 2020, 12: 487)

Robin aptly summarises the dilemma that seemed to exist for several, if not all, of the collaborators. The desire for a therapist to help them, but without having to remember or speak about their experiences.

Shame as a barrier to therapy

When asked to remember past incidents, the repeated interpersonal violence the collaborators in this study have experienced may result in a shame-based response as opposed to, or in addition to, a fear-based one. Shame and self-blame were described by collaborators as obstacles to seeking support, and from developing strong relationships with others, including therapists. Blake expressed how hard it was to tell their therapist what had happened to them, and the feeling it left them with.

I mean the moment that you say it's like I didn't want her to look me in the eye. I used to feel very uncomfortable. (Blake, 2021, 8:319)

Finding it hard to look someone in the eye is often an indication of feeling ashamed, the individual does not want to face the other and see the negative judgement they believe is being bestowed on them. Blake was able to name this feeling, and also acknowledge that it changed during therapy.

I just felt ashamed...It changed overtime. (Blake, 2021, 8:325)

Blake spoke of how their feelings of shame lessened during, and after, therapy, but did not cease altogether. For some collaborators it is an ongoing process of slowly reframing and shifting the blame for the violations they endured, which is then associated with feeling less shame in connection to those events.

Alex used a metaphor to compare talking about difficult past events to wearing dirty clothes, explaining that it is not just normal dirt, it is like being covered in faeces.

Talking was very uncomfortable for me... I would say for example, if we fell into the bad shit, sorry my language, but it's feeling like you have something on you, you wanna just get rid of. You know when you have very dirty clothes, it's a different thing. But if you are in a toilet and you get dirty your reaction would be more like different than the normal mud. You know what I mean? (Alex, 2020, 3:118)

This strong visual of Alex being covered in faeces may demonstrate how dirty Alex felt as a consequence of their past experiences. Additionally, it provides an insight into how Alex perceives other people may view them - filthy, smelly, disgusting - someone you would not want to get close to. Alex describes the dirt as different to normal mud and therefore others reactions might be different too, implying they would be worse. Perhaps Alex is making a comparison between themselves and others, other people have dirt on their clothes - from difficult past events - but their past is more acceptable whereas Alex's experiences are akin to faeces and therefore much more disgusting. Despite the perpetrator being the one that committed the violation against Alex, they perceive themselves to be the one still covered in faeces, and holding the shame.

Searching to find the words to describe

Therapy with survivors of trafficking involves attempting to transform unspeakable acts of cruelty into a coherent narrative. However, these events can be exceptionally difficult to put into words. Memories that evoke strong emotions are rarely stored in an organised manner, instead they are often separate, disconnected images, sounds or bodily sensations that may overwhelm the individual at any point. English was not the collaborators' first language which added another level of difficulty when attempting to grasp the right word or phrase to adequately reflect what they had experienced, how it affected them, and how it might have felt in the moment. The therapeutic relationship, and perhaps the approach taken by the therapist when guiding sessions seemed to either mitigate or worsen a collaborator's search for the words to describe their past. Two collaborators, Robin and Alex both spoke of their concern that they might not be able to find the right words to explain fully what they had experienced. Robin spoke of their worry that their English language skills were not good enough for therapy.

I felt nervous when they told me I'm going to have therapy because actually my English was bad, but I'm better now. In my English it was very bad then. I was feeling nervous. How am I going to explain?... I don't really want anybody asking me about the past. (Robin, 2020, 3:117)

Robin alluded to the chaotic nature of their memories by describing how they were unsure where to start or stop when relaying their narrative.

[My story] was really, really hard to explain then. The way Amelie (therapist pseudonym) was trying to question me, make me get through otherwise I wouldn't even know where to start or where to stop. (Robin, 2020, 10:417)

Robin stated that despite finding their story difficult to explain, they found their therapist's approach helpful in containing and making sense of their narrative. In contrast, Alex described their frustration at being asked specific questions about their trauma.

It is almost impossible to explain how I was feeling when the rape was happening. (Alex, 2020, 7:289)

Alex's statement attempts to convey the challenge of putting into words the feeling of being violated in that moment. Perhaps this is a situation when language fails, some experiences are indescribable, unspeakable, and cannot be captured accurately enough by words alone.

The fear of remembering, and talking

Being asked to remember the worst experience, and then describe it, understandably created high levels of anxiety for all of the collaborators. Gray described the intensity of their fear of the memories and their desire to avoid them.

Some memories I don't want to. I don't want to remember... Or maybe just stay away from some memories...Some memories I was afraid of, or frightened of the bad thing that happened. (Gray, 2020, 3:105)

Gray is expressing how difficult it was to be asked about a specific time in their life that they wanted to 'stay away' from. Remaining engaged with NET was directly at odds with avoiding the frightening memories. This fear of what exists within the collaborators' own minds was echoed by Charlie who expressed how difficult it was to stay engaged with therapy, but also how they used their desire to be rid of this fear as motivation to continue attending.

It's very, very hard. In one way it is hard and the other way you need that, you know? You need to not fear something inside your mind. (Charlie, 2021, 12:484)

Both Charlie and Blake reflected on the inner conflict they faced between wanting to quit therapy due to the fear they experienced, and persevering with it in order to gain the benefits they longed for. Blake also explains how hard it was to talk about the same event repeatedly, but that this repetition might have ultimately helped them heal.

In the beginning it felt difficult because I thought, she's asking the same questions or talking about the same situation again. After some time, you know I think she was right because it gets easier to talk. (Blake, 2021, 6:230)

For both Blake and Charlie, they experienced moments during therapy that lessened their struggle to continue, where the benefits seemed to start outweighing the costs. Blake described these moments as a realisation that the therapist was 'right'. Talking about these experiences had been very difficult, but through repetition, it no longer felt so frightening to think and speak about the past, it was starting to become easier. This experience did not seem to be shared by Alex.

In every session we go quite deep...I don't know if it's a good thing or it's a bad thing. (Alex, 2020, 3:90-2)

Alex had less confidence in NET and the process of talking in detail about the worst experiences from the past. The impact of attending sessions for Alex was summarised by their explanation of the relief they felt when therapy was completed.

When it finished, I said oh God thank God it's finished. I don't need to go again.

That's the way I reacted. (Alex, 2020, 28; 868)

Alex did complete therapy but seemed to still be experiencing turmoil as to whether the benefits were worth the costs. Alex initially found it difficult to identify any benefits, but could easily describe the various ways NET seemed detrimental to their wellbeing, and the methods they would use to avoid attending. Returning to the idea of the decision-making continuum when considering therapy, Robin represents the far end of the scale in this study. Robin described how despite their desire for help, the

difficulty in being asked to remember and talk about the past, made it too unbearable to continue therapy.

I was the one that stopped it... I wasn't feeling comfortable. Any time I knew I was going to do therapy I would feel nervous and upset because I knew I'm going to face some questions that would upset me. (Robin, 2020, 4:135)

When explaining this decision to stop therapy Robin noted that it might be easier now to attend sessions, due in part to their legal case not being so 'fresh'. Understandably, perhaps the ability for individuals to cope with the challenges of therapy depends on other life stressors they are simultaneously exposed to. Having to face your fear of remembering and speaking about the worst events in your past both by a therapist, and perhaps also by the Home Office, or a solicitor, might be too much for one individual to bear. In this case Robin judged the costs of continuing therapy outweighed the potential benefits of completing it.

4.5.3. Theme 3: Trust kept me coming back to sessions

Trust emerged as a theme in every collaborators' narrative, it featured as an important factor when considering starting, and continuing, therapy. However, trust was described in two distinct ways, either as the importance of trust in the therapeutic relationship, or trust in HBF as an organisation. Both were identified as necessary to feeling hopeful about therapy, but also crucial to feeling safe enough to share deeply personal experiences.

Trust in the therapeutic relationship

I can never share my memory with someone I [don't] trust, but I trust her [therapist]. (Gray, 2020, 3:100)

Trust seemed integral to the therapeutic relationship, when trust was achieved, collaborators described this as 'knowing' the therapist and feeling 'comfortable' in the sessions. Trust seemed to be the foundation upon which therapy could take place, once a collaborator felt that they knew the therapist and were comfortable in the sessions they could continue with NET, despite its difficulties, talking openly - even about the most painful, shameful, or intimate experiences. Both Blake and Gray

explained how early in their therapeutic journey they struggled to talk openly as their trust in the therapist was not yet sufficiently built.

Especially at the beginning you feel like you...don't know if you can trust her or him, and then you feel like I don't want to talk to you. So, it is hard... If you build trust, I think it's much easier. (Gray, 2020, 5:194 - 197)

Gray explains that trust is crucial to being able to share their experiences with the therapist, and continues by describing the various ways their therapist worked to build this trust.

She tried to move a little by little. Not straight away go to the very hard parts.
(Gray, 2020, 3:116)

For Gray pacing of the sessions was vital, with the therapist ensuring that they slowly worked up to Gray's most difficult traumas, rather than immediately rushing to those points. Gray also spoke several times about the importance of 'knowing each other' when referring to their therapist. When Gray felt they did not 'know' the therapist they described the trust between them as lacking, and therefore the process of therapy was difficult.

You have to know her very well. At the beginning because we not, knowing her very well so I feel like it's a little bit hard yeah...I think maybe I should have maybe known her for a little bit longer. Then it will be much better. (Gray, 2020, 4:136; 4:144)

Gray describes how therapy might have been easier if they had known their therapist longer before they started. Perhaps for Gray 'knowing' is a connection or familiarity, a quality that is built over time. Unfortunately, time is often a luxury that neither charities, nor the NHS, possess when providing therapy. Blake also spoke of the importance of time and 'knowing' the therapist when building trust, subsequently making the connection between trust and speaking openly about intensely personal issues. Blake describes how the therapeutic relationship supported them to keep talking each session, and echoed Gray's comments describing trust as being built through the process of slowly approaching difficult topics, rather than feeling forced.

The way she used to give me encouragement and trust, made the things easy. I would have said, it's not like she forced me to talk about things, the things just came naturally. (Blake, 2021, 8:307)

This notion of the therapist moving slowly, naturally, with a non-pressured or non-forceful approach was repeated by four of the six collaborators. It seemed an integral aspect of building trust in the therapeutic relationship. One reason this may be of such importance to the collaborators, is that trafficking is an abhorrent process which strips an individual of their rights to individual choice. Instead, their life is no longer their own, and they are pressured and forced into one situation after another. Therefore, for the individuals in this study being able to choose what they spoke about, and when they felt ready to speak, was an important factor in building trust with their therapist. Kai explained that it was practical demonstrations of kindness and reliability which allowed them to feel comfortable and feel able to depend on their therapist.

She helped me to feel comfortable. She was on time when I got there, she would make me a cup of tea, she would get me a cup of water. She was really good, she was really kind. (Kai, 2020, 4:155)

Being on time for appointments and offering a client a beverage may often be considered trivial elements of trauma-focused therapy when there are so many other aspects vying for the therapist's attention. However, for Kai these often-overlooked practical aspects of therapy were what allowed them to develop trust in the therapist and therefore speak more openly about their past traumas.

Trust in an organisation

The importance of trust was mentioned by several collaborators even before therapy commenced. This separate (yet interconnected) sub-theme focused on the individual's trust in an organisation, or a representative of that organisation, and this was cited as an important factor in their decision to embark on therapy with HBF. For Gray their solicitor referred them to HBF for therapy, and because Gray trusted their solicitor they agreed to the referral.

My solicitor suggested to me that Helen Bamber is a very nice one and then I trust her because my solicitor is very, very good. (Gray, 2020, 4:160)

Therefore, Gray stated they felt able to place their trust in HBF due to the trust they held for their solicitor, consequently trust by association. Charlie spoke about their trust in HBF as an organisation directly, this trust had been established through the support they had received on practical issues such as with legal, or housing problems. The importance of offering practical assistance to survivors alongside therapy is explored further in theme five.

The Helen Bamber Foundation was at that time the only place that I trusted, for every issue, not just therapy... So, the only place was Helen Bamber for me that I could get some hope from there. How can I say.... My only hope was there... I did this therapy because I trusted them... I believed that it will help.

(Charlie, 2021, 3:100; 3:110)

Charlie mentions hope twice in short succession when discussing their trust in HBF, perhaps the two are entwined for Charlie. When Charlie felt able to trust the organisation only then did they place hope in therapy to help. Trust was the foundation for therapy to take place, and the practical assistance Charlie received was the medium through which this trust was established.

Alex spoke of the importance of organisational trust in relation to their shame. Alex explained how they feared others would gossip about, or ridicule them, on hearing their experiences. However, Alex felt protected by the confidentiality laws that charity organisations abide by and this helped them to be more open in therapy.

If someone could hear and what if she will let other people know, and they will make fun of me or it will be really shameful... So, I think in this therapy, this is helpful. Trust because for me I believe them. I really personally believe in charity organisations, I totally believe they really follow confidentiality laws unless they will not break trust or something...I think it's helped me in that way that I'm more open now. (Alex, 2020, 22:884 - 890)

Perhaps Alex found it hard to trust in the therapist as an individual, but found comfort in the idea that the therapist was part of something larger - a charity organisation. Consequently, the therapist was bound by, and accountable to, the rules and laws that governed that organisation. Therefore, Alex felt more comfortable placing their trust in the wider organisation, and this trust allowed them to share more freely.

The collaborators in this study identified trust either in HBF directly, or trust by association, as integral to their decision to engage with therapy. It was the means through which they held hope that therapy might offer them something useful. Trust in the organisation seemed to allow the collaborators to speak freely in a similar way to trust in the therapeutic relationship.

4.5.4. Theme 4: Does NET help, and if so how?

Each of the collaborators spoke about the aspects of therapy which felt important to them. Two sub-themes emerged regarding understanding; the first related to the collaborators' increased understanding of their own past; and the second focused on the importance of being understood by another.

Making sense of the past

Collaborators' spoke of how therapy helped them to connect the pieces of their past life and make sense of the events they had endured. The focus of NET on constructing a chronological lifeline perhaps aided some collaborators to consider how events were interlinked, with one leading to, or impacting on, another. This process also highlighted the more pleasant memories, which may have encouraged a more holistic view of the collaborators' past and themselves, suggesting they are more than just the painful things that have happened to them. For several collaborators this arrival at a new or altered understanding of their past led to a decrease in self-blame and shame, and also less fear of their memories, as how the individual understood their past then changed their feelings about it.

To make sense of what happened to me, to try you know to make me understand that not everything, maybe some things, but not everything was my fault or whatever. Now, thinking back, I don't see any fault because I was

different natured or a different kind of person from everyone else that grew up in my village. That wasn't my fault, you know. (Charlie, 2021, 4:156)

Charlie explained how speaking in detail about the past had allowed them to view themselves differently within the context of their old community. This reframing of their own identity, resulted in a realisation that being trafficked was actually due to attributes such as being unique, or striving for more from life - rather than being fundamentally flawed. Charlie explained how this reframing process was made possible in NET through the process of connecting past life events.

But when you tell that to your therapist and they can make the connection like why his happened - because of this, or because of that, because only you yourself thinking of that you kind of, you don't know why, and then at the end of the day you you, you you blame yourself for everything...In therapy, everything was connected to each other and then the result was, that you know, this and this, and this, everything happens with explanation, it's not like even blame or not blame. Just everything was connected, yeah and everything it was for a reason. (Charlie, 2021, 4:145; 4:166)

Charlie spoke of struggling to make sense of events by themselves. Without the opportunity to discuss the past, or hear other perspectives, many collaborators concluded that they deserved what happened to them. NET allowed the collaborators to consider how past events were connected, with one experience increasing the likelihood of more appalling events occurring (for example losing a caregiver, becoming more vulnerable and financially unstable, and then being trafficked). Additionally, having the opportunity to hear an alternative perspective on these events, encouraged the collaborators to re-frame their past experiences. As a consequence, for Charlie their feelings of shame and self-blame reduced. Perhaps, the process of shifting a long-held belief you were to blame, to one which emphasised human rights abuses should not happen under any circumstances, was both revelatory and freeing. Consequently, this shift could impact on both the collaborators' relationship with themselves and how they view the world.

Gray described therapy as a 'mirror', an object which projects a reflection allowing you a unique opportunity to, arguably, see yourself as you truly are.

It's [therapy] like a mirror, and then you see everything that happens, happened to you in the past. And then makes me face the past and gives me more confidence, because I used to not have enough courage to think and then to face my past... I still.. I feel like I remember but it's not that painful. (Gray, 2020, 6:235)

Mirrors are often described in literature or folklore as symbolisms of wisdom or knowledge, as they offer a new perspective on the self, you get to see yourself in a way you never have before, therefore allowing the viewer a deeper understanding of who they really are. By describing therapy as a mirror, perhaps Gray is perceiving the sessions as an opportunity to experience a 'real' or deeper view of themselves, which could be an exposing process leaving them feeling quite vulnerable. Gray describes how their therapist helped them to face the mirror, rather than avoiding it, and this process of having the courage to view themselves, and their past experiences, from a different perspective helped build their confidence. Gray then attributes their ability to face the past as a reason their memories are less painful now than before.

Being heard and understood by another

I strongly believe when doctors treat us, they read the books and they treat it, but they cannot feel the pain. Unless they will experience [it]. (Alex, 2020, 8:292)

The experience of being heard and understood during NET seemed a powerful and fundamental aspect of the therapeutic relationship, encouraging greater intimacy between the collaborator and the therapist. It impacted on the extent to which a collaborator would invest in therapy, and the loss felt when therapy ended. Two collaborators spoke of the impact of feeling misjudged or unacknowledged during therapy, one during NET, and one during a previous therapy at a different organisation.

Alex explained how they believed the focus of the therapist's questions were too narrow, with not enough time spent discussing the context.

It's about giving importance to the other. You know the background of the incident. Not only about the.... Yeah okay I was sitting on the sofa, but for me might be very important why I was sitting on that sofa. (Alex, 2020, 6:225)

By not allowing the space or the time to discuss the context the therapist dismissed an aspect of the story which Alex felt was very important. Alex described further how this impacted on them.

She [the therapist] said, just answer this question, did this happen or not?...I felt very bad. I felt...Oh my God she's like she just want me to give the answer, that is it. She doesn't care about my feeling, how I am feeling. (Alex, 2020, 6:229; 6:240)

Alex explained how they felt the therapist missed the point of what was important. Consequently, Alex felt uncared for, with the detail of the story taking on more significance than their feelings. Collaborators' often described feelings of shame about the circumstances surrounding their trafficking, and as a consequence the context was very important in explaining how it was, or was not, their fault. Without the time and space to explore the context and associated shame, these feelings may remain, or even intensify.

Charlie spoke about feeling pitied and patronised by a previous therapist, which was in contrast to their experience of a feeling heard and understood by their NET therapist.

I have occasions which I didn't go to therapy 'cause I didn't like the therapist. I remember this lady...she was looking at me like 'oh you poor...' [patronising voice]...I don't know, I felt so bad. I never wanted to go back to that therapy. She made me feel like I was, you know, like a poor little thing...And I don't like that...I was so frustrated; I was so pissed off. I didn't say nothing...I couldn't wait for that 45mins to finish, to disappear from there, you know? I didn't want to be rude and mean before, but then I had to hear that for all like 45 mins, 'oh, oooh'

[patronising noises]. I never went back after that to that place. (Charlie, 2021, 9:370; 10:404 - 412)

For Charlie there is a significant difference between being pitied and being understood. Perhaps feeling understood can only occur when you feel equal to the other, and have been joined in a shared agreement of a situation. Whereas, being pitied makes you feel less than the other, weak, or pathetic. This notion is supported when Charlie emphasises how someone in therapy, is still a 'normal' person. Suggesting that perhaps in the past when Charlie was left feeling pitied, they experienced this as being judged as less than normal by the therapist.

People in distress are normal people.... People go [to therapy] to be understood, not to be pitied. (Charlie, 2021, 11:446; 12:461)

For Charlie, being heard by the therapist during NET was integral to feeling understood, but crucially the therapist seemed to also need to gently offer their own different perspective on Charlie's beliefs about themselves.

We need people to remind us, and to tell us like you know, I see you in this way and I hear you, and what you say isn't what I think. (Charlie, 2021, 5:189)

This experience of being able to hear a different perspective allowed Charlie to question, and consequently slowly start to shift the shameful narrative they held about themselves. Each of the collaborators spoke about how therapy was an opportunity to speak out loud what they had endured, and to have someone listen to their story. For the collaborators the experience of being truly heard may not be a familiar one. Being able to express openly how they felt about what happened to them, and to have someone witness their narrative may be validating.

I feel like someone can hear my past. What happened to me. (Gray, 2020, 3:99)

Finally, for Alex even though the connection with their therapist had not felt particularly close, and they felt misunderstood at times, they expressed feelings of loss when therapy ended.

Now the therapy is finished, and I don't have anyone to talk to which I need sometimes...I miss talking actually. I miss that...um... that maybe someone is listening, and right now I don't have anyone. (Alex, 2020, 18:715; 18:721-5)

For Alex, the experience of being heard was a comfort, even if the listening was less than perfect.

4.5.5. Theme 5: We need more than just talking

How can you heal someone's mind if there is a practical problem still exists?
(Alex, 2020, 1:489)

Three of the contributors spoke about the importance of therapy being delivered alongside support for other more practical issues, such as housing or legal problems. Support from HBF for client's practical concerns alongside therapy provision has already been discussed in relation to organisational trust in theme three. However, further examination seemed appropriate as it emerged as a theme separate from trust for several collaborators, related instead to their experiences of NET.

Alex explained that the therapy for survivors of trafficking needed to be more specialist than for other types of mental health problems, and that this specialist support needs to include practical advice and help.

They are more special therapist, that's why they're dealing with us...The practical help is very important. Otherwise, no therapy will help.... There's a lot of practical issues that can be solved to make this therapy helpful...She [client] doesn't want to go every week to the reporting centre. Ask them [therapist] to do it like [every] 6 month or two months or something more comfortable. If Lucy [therapist], if she write a letter to the Home Office that please she's suffering like that, don't call her for reporting. (Alex, 2020, 14: 551-559; 21:841)

In this example Alex is speaking about the Home Office requirement for survivors of trafficking to report to their premises regularly, it can be as often as weekly. This reporting can cause significant psychological distress to individuals as it can, and does,

lead in some cases to being detained. However, even if detention does not occur, reporting can still be stressful, involving interrogations, and being in close proximity with other angry, distressed or psychologically unwell individuals. Alex offers an example of how the therapist can assist with this problem by writing a letter to reduce the regularity of reporting. Alex also explains how other life events can impact on the lived experience of therapy and their psychological well-being.

The therapist should know that the victim is not only attending my session, she is at the same time dealing with other stuff as well, like reporting, like solicitors, so everything is mixing up, making the situation worse...Some bad argument happened [whilst reporting]. I got traumatised. I was coming home and I was about to jump in front of the train and then I had an argument with my husband. (Alex, 2020, 14:547; 13:540)

Alex uses the phrase 'everything is mixing up' which suggests that undertaking TF-therapy in addition to other stressful life events, such as attempting to prove your legal status to remain in the country, can be overwhelming. Charlie also spoke of finding therapy easier knowing there was also practical support available.

I got support for everything, not just therapy, I had three full therapies, I got medical support from there, legal support from them, it was them who found me the lawyer. When all my hopes were lost, my case was finished, I was like practically I was illegal in this country...It made it easier [to have therapy] because I always got help from them. (Charlie, 2021, 7:286; 8:298)

The importance of integrating therapy with other support was also mentioned by Gray, who spoke about receiving help with getting food, claiming benefits, English language skills, and assistance filling in application forms. Perhaps for these collaborators receiving assistance with difficulties in life which cause anxiety, allowed more mental capacity to focus on their trauma-focused therapy.

Finally, Alex spoke of the importance of justice when restoring mental well-being.

Victims really want to, you know, see justice? This is very important. Our recovery will not be complete without justice...I'm still living my life with the fear that Oh my God, he making me stress that any day he gonna come. (Alex, 2020, 12:461; 12:494)

Justice is often lacking for survivors of trafficking, both statistically and from the perspective of the survivors themselves. NET therapists can help individuals to acknowledge they were victims of human rights abuses, often with a focus on shifting the blame from the survivor to the perpetrator. However, prosecution rates for traffickers worldwide are woefully poor, therefore the collaborators are forced to live with the continued fear that their trafficker is still free and can cause them or their families back home harm. Processing a traumatic past is the focus of NET, however for many individuals it is experienced under the threat of ongoing or potential future harm. As Alex explained, psychological recovery might not be fully possible without experiencing justice for what they have already endured.

4.5.6. Theme 6: Living life after therapy

Rape is not treatable...We just need to learn how to live life comfortably with this.

Because it's not a broken leg which can be fixed. It's like permanent, your leg has been removed. Now you have to live without your one leg. (Alex, 2020, 18:746)

The collaborators all had hopes for improvements to their lives which had initially motivated them to engage with therapy. Several of the collaborators now reflected on the degree to which they thought therapy had helped them to achieve the changes they longed for. For some individuals these changes were more substantial than others. The changes fell into three sub-themes. The first focused on internal changes, sometimes resulting in differences to how the individual viewed or related to themselves. The second considered how the collaborators' relationships with others had altered or adapted. The final sub-theme centred on the individual's attempt to locate a feeling of safety once therapy had ended.

A new sense of self

Each of the collaborators described a shift in their relationship with themselves following therapy. Some developed more confidence in their ability to handle their

frightening memories or intrusive thoughts. Whilst, others described less shame and self-blame, resulting in an increase in kindness towards themselves, or a newfound sense of inner peace. Several contributors however described losing a part of themselves, and the ongoing process of adapting to this loss. This adaptation to loss was described as an acceptance that they may never return to who they were before the violations they endured.

Following NET, Charlie describes the absence of something heavy weighing on them, and the relief that accompanied that sensation.

But at the end of the day when you finished the therapy you feel kind of relieved, something is off your chest. Like, I don't know, like a stone or something...In one way you were very, very, very stressed or panicked or sad, to think I have to talk about that, and the other way, after you've done it, you know it's a bit more, you feel a bit more, I don't know like you are taking something out of your shoulder. (Charlie, 2021,3:121)

Charlie mentions particular body parts that now feel unburdened from this heaviness, specifically their chest and shoulders. Shoulders are often the first place we identify stress in our bodies, and panic or fear is regularly felt in the chest. The notion that Charlie could feel this weight on her chest and shoulders lift after therapy connects to the idea that harrowing past experiences do not remain in the past, but continue to be stored in both the mind and body. The weight Charlie describes could be thought of as the painful feelings and thoughts associated with their worst memories. Perhaps, the therapeutic relationship provided Charlie the opportunity to speak aloud their life story, as the therapist bore witness. As a consequence, the weight was shared, and Charlie no longer had to carry it alone.

The therapeutic relationship within NET seems to have created a means for the therapist to confer their own skills onto the individual. Several collaborators described a new found sense of confidence in their ability to cope with any psychological difficulties that occurred following therapy.

Sometimes...it will pop into my mind - kill yourself, just kill yourself. You know, that kind of thing. But since I have been to this type of therapy, she [therapist]

taught me how to handle it. I don't have that thought in my mind anymore and that I will feel like someone is talking to me...I can squeeze my face, squeeze my hands. And I am still doing it now, I am still doing it when I am by myself. When thoughts come to my mind, I just squeeze myself. (Kai, 2020, 5:200)

Kai uses self-touch to ground themselves, describing this as providing comfort. This ability to self-soothe through touch is important as Kai is developing the ability to create their own sense of safety independently. This confidence to cope better with any difficult feelings that arise, may be a consequence of the therapeutic relationship. Through the experience of learning to trust another person again, the collaborators can slowly begin to internalise the benefits offered by the therapist. For example, the skills and feeling of safety that the therapist provided, can begin to be experienced by the collaborator without the therapist needing to be present.

Several collaborators acknowledged the limitations of therapy, and their disappointment that NET was unable to resolve all the psychological problems they endured.

The therapy changed me completely in a way. But still there is a big, big hole that needs to be filled for years and years to come, you know? It's not like with therapy, everything is sorted. (Charlie, 2021, 6:213)

Charlie elaborates by describing how the experience of so many harrowing events, can result in losing a part of yourself which is not recoverable. Several collaborators expressed similar beliefs that no therapy can cure the psychological wounds inflicted by the events they experienced.

I didn't expect therapy to make me 100% ...because that is not gonna happen. For no one especially for people who've been through a lot of horrible stuff. There is no therapy that will cure them 100%. Whoever says that it is a lie, coz the human brain is not like a, you know like a remote control. You don't like it, change it, or put it on whatever you want, you know? (Charlie, 2021, 8:325)

The remote-control metaphor which Charlie uses seems to suggest they feel stuck with their memories, and cannot change them for something better. The memories remain and Charlie is growing to accept this.

So even though it [therapy] helps, it can't, it's not going to make you 100% better again. Not 100% yourself. That is something which uh, life or time has taken. Nothing will bring it back, you know?...It is not like you do that therapy and then you are gonna be one year old and then...everything will be like in paradise. It's not gonna be like that, but it helps, it helps a lot. (Charlie, 2021, 9:334-42)

Charlie describes the limitations of therapy in comparison to the impossible, but appealing, idea of turning back time. For the collaborators perhaps they believe the only option which may make them whole again is to return to an infant-like state of innocence, a blank slate. The opportunity to have another chance to re-do their life and therefore get to live without the painful events they endured. Charlie provides us with a description which sums up how appealing this notion is, when calling it 'paradise'. Despite, the strong desire Charlie describes in recovering the lost part of themselves, there does seem to be an acceptance that this is not possible, and that perhaps they have changed permanently as a result of their experiences.

Relationships with others

Reasonably, there is a significant overlap between changes that impact on the relationship with the self, and relationships with others - the two are inextricably linked. It is likely that as collaborators start to feel more comfortable with themselves, believing in their own self-worth, what they expect from others, and how they interact with others, will also change. For example, if you can offer yourself kindness, you might start to expect kindness and decency from others, and therefore be more open to developing close or deeper relationships.

Alex spoke often about the decrease in self-blame and shame they experienced after therapy. Consequently, as a result of this shift, Alex describes improvements to their relationship with themselves, but also with others.

This therapy will not remove thoughts from your head, but it will help you that I'm very comfortable, even see right now I'm talking to you, I'm comfortable... I am not feeling now ashamed. There was a time in back home so I moved my country. I don't want to be living with negative people. They think it's my...it was my blame, it was, it was my, you know fault...I was feeling very shameful.

(Alex, 2020, 19:264; 22:906)

Alex uses the word comfortable twice to describe how they are now feeling, this word encompasses feeling at ease, relaxed, and secure, suggesting this may be how Alex now increasingly feels within themselves. The decrease in shame has perhaps allowed space for new, more positive feelings towards themselves. Which in turn has allowed Alex to be more open with others, especially their partner and son, when talking about their past. This openness, may foster a deeper understanding between family members and lead to closer relationships. Alex describes how they can now talk to their partner about their abuser. This openness may create a new level of closeness in their marriage. Alex also speaks about their new found bravery at discussing candidly with their son his conception and past. This courage to speak openly after therapy may have released Alex from the shame they held in connection to their past, and their son's past. The process of imparting these experiences to others and not receiving the much-feared negative judgements, may lead to an increased strength in the belief that the event was not their fault. Alex's son works as a volunteer coordinator at a charity and Alex explained he recently helped organise accommodation for a woman who came in and was a victim of human trafficking.

I'm so proud of myself that I, you know my son is like that, so these are my achievements actually, when I see him. (Alex, 2020, 22:911)

Alex had been shamed by their previous community for being a survivor of trafficking, and also for having conceived a son during this time, without knowing who the father was. However, Alex speaks of how therapy has helped to reduce their feelings of shame, and encouraged feelings of pride. Perhaps now the shame Alex feels has

lessened, they are more willing to not only develop closer family relationships, but also to engage more with their new community.

I was doing like their paperwork, applying their housing, applying their support they need and.... It makes me happy that I can inspire them indirectly. (Alex, 2020, 13:511-16)

Once Alex was able to re-evaluate the harsh shaming judgements, they made on themselves, they were less fearful of others' judgements too. This reduction in fear of others' perceptions may have helped Alex to start volunteering herself, helping women in trouble seek help. Contributing to society can help foster meaning and purpose for individuals, demonstrated perhaps by Alex's description of happiness associated with this role. This re-engagement with society might also further reinforce Alex's shifting and more positive feelings towards themselves.

Finding a safe place

Collaborators in this study often talked of feeling scared, both in their homes, or out in the world, on public transport for example. It is likely that they have not experienced a place of safety in the past - either externally such as a loving, secure home, or internally within themselves. If collaborators did once have a place of safety, it was likely removed when they were trafficked. The violent and dangerous experiences they endured have created a feeling of being unsafe even at times when that may no longer be true, such as when they are in bed at home. Flashbacks, intrusive thoughts, and nightmares can very quickly transport the individual to a feeling of immediate danger, this may be felt both psychologically and physiologically. Several collaborators expressed how NET provided them with skills to create a feeling of safety through the use of either visual, auditory, or olfactory stimuli to reduce their feelings of fear. Blake describes how looking at a photo of their son can help on low days, as he represents a safe place.

Breathing exercises help, and time to look at the pictures. I have a photo or something that reminds me of a safe place. If there are days, I feel very low I might have... I might just take it out. I don't like to all the time, but I try to do it

when I feel low... It is a photo of my son. He's everything. (Blake, 2021, 9:344; 9:359-67)

Kai also speaks about how they learnt to manage feeling unsafe after nightmares, flashbacks or intrusive thoughts, and that they achieve this through the use of an image to remind them they are safe now.

When I have a nightmare, I jump up in bed. I will just thinking I am where something [bad] happened but because I have this picture [of London] she [therapist] gave to me, I put it in front of my bed. As soon as I wake up... I will know I am not longer there. This is where I am now... I am now in London, is nowhere where I was before, because where I was before was outside of London. The trafficking that happened to me, it happened in Eastern Europe. So now it means that I am no longer there. I am not involved, I am safe, [the picture] makes me feel relaxed...Before therapy I can't even sleep for more than one or two hours. (Kai, 2020, 5:205; 6:216; 7:259)

Kai explains how this feeling of safety that the picture of London evokes allows them to quickly reduce their fear and anxiety levels upon waking from a nightmare. This results in Kai feeling more relaxed and able to sleep better, the nightmares no longer have such an intense negative impact on their life. Kai also describes how therapy has helped them to feel safe when they experience frightening situations in their day-to-day life.

During the therapy, she [the therapist] gave me like lavender or essential oil. So, whenever I put it on my hand and back... it smells like something different and takes my mind away from things...Sometimes on the train I would feel very scared. The men's perfume reminded me of him [past abuser]...I will smell the lavender, and I will not smell the smell of this man's perfume... Once I find [smell] the fragrance my ex [past abuser] was using, I feel as if I'm with him. But

when I was using that lavender, I will put it on my neck to smell something different. (Kai, 2020, 7:262-79)

When Kai experiences a smell, which reminds them of their abuser, such as specific aftershaves, this becomes a powerful trigger for flashbacks. Kai is immediately transported to a place filled with danger. However, the therapist provided Kai with a new and different smell which reminds Kai they are safe. Kai is able to use this to ground themselves in the present and prevent flashbacks. Therefore, the lavender has allowed Kai to create their own internal place of safety which can protect them from the intrusive memories of their abuser. For the collaborators in this study, a person (son), a place (London), and a smell (lavender) can provide the individual with a means of quickly achieving a feeling of safety. These stimuli remind both the mind and the body that they are no longer in danger. Without a place to feel safe it is difficult for an individual to have the confidence to rebuild relationships, reengage with their local communities, reconnect with activities, or develop new skills that bring them joy. To summarise, it is hard to continue with life after trauma if you do not have a place where you feel safe.

4.6. Chapter summary

The analysis chapter attempts to describe as closely as possible the very essence of what experiencing NET was like for each of the co-collaborators. The six key themes, which emerged from the co-collaborators' narratives, reflect the lived meaning of their experiences of NET. Each of the collaborators experienced an inner turmoil or conflict regarding NET and whether to continue attending, but their determination, hope for change and the therapeutic relationship led to five of the six collaborators completing NET.

Finally, it is important to note that the themes described in this chapter are phenomenological descriptions, subsequently they have been creatively co-constructed through the relationship between the data of the transcripts and my own interpretations. As determined by hermeneutic phenomenology, the primary focus was on descriptively elaborating upon the narratives conveyed by the collaborators. Although, subjective, the themes are not detached from the meaning of the narratives, and instead aim to describe as closely as possible the experiences of the collaborators.

The themes were painstakingly considered, and based on the theoretical underpinnings of the selected methodology, detailed in chapter three.

5. Discussion

5.1. Reflexive overview

Reflexivity is an important aspect of Counselling Psychology, the BPS Practice Guidelines state that psychologists need to have a 'complex understanding of self in the context of others' (2017, p. 13). Additionally, the Health and Care Professions Council (HCPC) stipulates reflection as a requirement for continued registration. Reflexivity has also been a central component of this study throughout every stage of the research journey. The importance placed on reflexivity was informed by several main factors, the selected methodology of this study which emphasised the co-constructed nature of the research narratives, my values as a Counselling Psychologist, and my aim to produce a rigorous qualitative study informed by Postcolonial theory. Hermeneutic phenomenology inspired by van Manen invites the researcher to be explicit about their personal views and experiences which inevitably impact on their understanding and interpretations of the co-collaborators narratives. In addition, researcher reflexivity is consistently stated as an important criteria for ensuring a qualitative study is produced to a high standard (Creswell, 2013; Willig, 2012). In this study, my previous interactions with survivors of trafficking, my professional experiences delivering trauma focused therapies, media coverage, and the many conversations with other professionals from across disciplines in the human trafficking field were not analysed in any formal way, but will inevitably be woven through every aspect of the research. Therefore, I will attempt to address these reflexive aspects throughout this chapter.

5.2. Reflexivity and Ethics

The literature review explored the socio-political constructs that exist when considering the various ways survivors of trafficking are viewed and understood by others. The field of psychology has a history of perpetuating power imbalances, slavishly imposing theories and models formulated in the West, and often dismissing clients' perspectives on their own experiences (Afuape, 2012). Counselling Psychologists can play an important role in deconstructing the 'lens' through which survivors of trafficking are currently viewed by society in general. This can be achieved

through both clinical practice, and well-considered and rigorous research. In order to produce an ethical research study, it was imperative that I examined my own 'lens' through which my biases and prejudices impacted my perspective of trafficking survivors and the purpose this viewpoint served.

During the interviews I noticed several points where I felt a strong connection to the collaborator. An example is when Charlie explained how they had been targeted by their traffickers because they were different from others in their community. They craved an escape from their village and to explore the wider world. I felt an affinity with Charlie's statement, I also grew up in a small town and longed to experience something different. This moment of connection was accompanied by an uncomfortable realisation that until this point, I viewed the collaborators as distinct from myself, perhaps with different hopes, dreams, or ways of thinking. Later when I reflected on this need to differentiate myself from the survivors, I considered that perhaps it was a way of protecting myself from the uncomfortable realisation that the human rights atrocities they had endured, in different circumstances could have happened to me. By differentiating myself however, I was making the assumption that because I am different, I would not have ended up being trafficked, Perhaps, I believed I would have known how to prevent it. This examination of my prejudices and biases was a difficult and uncomfortable process, and uncovered the true 'lens' with which I viewed the survivors through.

Zack Eleftheriadou (2010) states that hierarchies are a common occurrence in counselling psychology especially when working with minority groups such as refugees. He argues that by pitying individuals the richness and complexity of their lives becomes ignored. Through a process of reflection, I was able to interrogate my 'blind spots' and consequently became more aware of the impact my lens had on my research, and the power imbalance between myself as researcher, and the co-collaborators. I could also challenge my automatic thoughts and attempt to balance them with a new and modified perspective on the survivors' narratives. Additionally, being aware of my own lens allowed me to sensitively explore the data rather than imposing my preconceived notions on the interpretations (van Manen, 1990). Perhaps my own lens was similar to others in 'helping' professions, and the negative impact of

differentiating ourselves from those we are trying to support. This issue is touched upon by a couple of the co-collaborators in their narratives when they describe being on the receiving end of professionals' pity, judgements and biases. Finally, I reflected on how as a white woman through my research, I was responsible for representing my collaborators' voices, and that these collaborators were marginalised, and oppressed individuals. Through continuous reflection and the use of Postcolonial theory as a framework, I needed to work hard to refrain from repeating the same power imbalances, with marginalised voices being misrepresented by white western researchers. Considering my own personal and methodological reflexive position was essential when maintaining procedural and ethical research standards.

5.3. Exploring the main themes

This section of the discussion will return to the themes outlined in the analysis. Six themes, further divided into fourteen sub-themes, emerged which represented the entirety of the therapeutic journey; from pre-therapy contemplation, the challenges faced, the aspects which supported individuals to continue, and finally to life after therapy. It is worth noting that the framework of the 'therapeutic journey' was created after the themes emerged and used as way to organise the data, as suggested by van Manen (1990); rather than the framework being imposed on the data, with co-collaborators' experiences being crudely compartmentalised within it.

5.3.1. Theme 1: To engage with therapy, or not, that is the dilemma

As discussed in the literature review, research which explores a strengths-rather than deficits-based view of forced migrant or refugee experiences is sparse (Walther et al., 2021). This became increasingly apparent when searching for studies on the subjective accounts of asylum seekers, refugees, forced migrants, or survivors of trafficking and their motivations for seeking or engaging in therapy, as none were identified. Accounts of survivors or refugees pro-actively seeking out therapy, or engaging in a considered decision-making process, as cognisant beings motivated to change their circumstances, are woefully lacking. Consequently, as the voices of this population are absent, the prevalent narrative becomes one of refugees or survivors passively accepting therapy for their PTSD symptoms, or worse therapy being 'done to them'.

The theme regarding motivation to engage in therapy which emerged in this study demonstrates that when space is left to explore the decision-making process of why an individual may choose to engage in therapy, it is possible to gain a deeper understanding of an individuals' strengths and resilience. Collaborators in this study spoke of their hopes for therapy including, re-gaining parts of themselves they believed lost, becoming a better parent or partner, and improving their social network. When research places importance on the voices of the collaborators and the context within which their narrative is situated, then the individual is no longer pathologised or reduced to a set of symptoms. Instead, they are seen as a complex human being with their own set of hopes, motivations, expectations and fears.

5.3.2. Theme 2: The struggle to continue with NET

The inner turmoil regarding whether to engage or not in therapy was central to all accounts, with collaborators expressing that NET was challenging to endure. This echoed the findings of a qualitative study into asylum seekers experiences of TF-CBT for PTSD (Vincent et al., 2013). In the study by Vincent and colleagues (2013) ambivalence to TF-CBT was interpreted as central to participants' experiences of therapy. The findings discussed the conflict between following the therapist's advice to speak about their past experiences with the individuals' desire to avoid it. In comparison, the data that emerged in this current study offered a deeper understanding by attempting to describe as closely as possible the meaning of the difficulty for collaborators in following the therapist's advice. For example, naming and interpreting the intense fear and shame that accompanied verbalising a past experience, or the difficulty in finding the right words, which all of the collaborators in this study expressed.

Whilst fear has long been identified as the dominant affect in the formation and maintenance of psychological problems associated with events often described in the literature as traumatic (D. Lee & Scragg, 2001). Recent research has suggested that shame is an overlooked, but important factor which can also maintain or exacerbate mental health problems following particularly disturbing events (Taylor, 2015). Shame can be defined as the fear of being exposed, scrutinised and judged in a negative manner by other people (Gilbert & Trower, 1990). The findings of this study support

the notion that shame can operate at the level of the individual, the interpersonal, or in a wider group, community or culture (Gilbert & Andrews, 1998). It can also have either an internal (not living up to one's own personal morals or values) or external (judgements of others) origin, or a combination of both (Gilbert & Andrews, 1998). Shame associated with an event experienced on any of these levels can lead to changes in self-identity or self-concept, core beliefs about the nature of others (Berntsen & Rubin, 2006), impact negatively on the therapeutic alliance (Black et al., 2013), and affect help-seeking behaviour (D. Lee & Scragg, 2001).

In this study, shame featured in four out of the six themes; It emerged as a barrier to engaging with NET through withholding specific details about the past from the therapist; trust in the therapist and organisation was described as important in minimising the shame felt; a decrease in shame was stated as a result of collaborators learning to making sense of their own past; and finally following therapy some collaborators described an increase in kindness towards themselves, and improvements to relationships with others as a result of a decrease in shame. The collaborators' narratives provided insight into the various ways reduced levels of shame altered aspects of their lives. Charlie described how the therapist's different perspective allowed them to slowly shift the shameful self-concept they held to a more balanced one, and Alex spoke of the improvement to their close relationships - specifically with their partner, and their son.

Despite the conflict expressed by collaborators about whether to continue with NET, each individual did report benefits from the therapy however, the value placed on these benefits varied between individuals.

5.3.3. Theme 3: Trust kept me coming back to the sessions

Building trust is often described as the key component of any therapy, however it can be particularly salient when working with individuals who have endured repeated violations, and when the therapy involves reliving those experiences (Bennett-Levy, 2004). Exploitation such as that experienced when an individual is trafficked for either labour or sexual purposes may lead to survivors' developing mistrust in care-giving individuals or systems (McQuaid, 2020). For survivors of trafficking the relationship between trust and security has been disrupted, when trafficked they have to gain their

'security' i.e., food and shelter from those that abuse their trust and in return demand work that involves violence, sexual violence and/or coercion (McQuaid, 2020). For individuals whose trust has been violated, trust has to be built during therapy rather than a prerequisite of it (Herman, 2015). The importance of trust in therapy was spoken about by each of the collaborators, and it seemed a mitigating factor when struggling to stay engaged with NET. This replicated the findings of a qualitative study exploring the experiences of reliving past events described as traumatic using TF-CBT (Shearing et al., 2011). It is important to note however, that the participants in the study by Shearing and colleagues were all British and had experienced a singular traumatic event such as a road traffic accident or an assault, which is a very different population from survivors of trafficking. One similarity between the TF-CBT study (Shearing et al., 2011) and this current research, is that participants regularly discussed the importance of their therapeutic relationship, and also described how trust encouraged them to stay engaged with the therapy. This current study went further than the one by Shearing and colleagues (2011) by explaining the process, as experienced by the collaborator, of how a trusting therapeutic relationship could be developed. With individuals' speaking of the importance of the therapist taking sessions slowly, using a non-forceful approach, and allowing time and space for them to choose what they spoke about, and when.

The need for the therapist to take a slow, non-pressured approach could be difficult to maintain when balanced with the short-term nature of NET, the waitlist pressures of often under-resourced services, and the need to examine both the client's and their own desire to understandably avoid discussing the survivors' 'worst' life events. The very foundation of NET is reliving and describing in detail past violations, however as previously discussed there are many barriers to engaging with talking therapy. Consequently, building therapeutic trust seems to occur through the process of encouraging the client to talk about their past, but whilst simultaneously providing the client the space and autonomy to do this on their own terms.

5.3.4. Theme 4: Does NET help, and if so how?

Brison (2002) explains how in order to rebuild the self after experiencing an event described as traumatic, it is not only words which are needed. In order to express the

constructed self-narratives, it is also essential to have an audience willing to hear, and understand the words spoken as they were intended. Consequently, it can be difficult for survivors to recover if 'others are unwilling to listen to what they endured' (Brison, 2002, p. 51). For many survivors of trafficking in the UK they are in the process of seeking asylum. This process often distorts an individual's narrative in a 'deeply shaming and dehumanising way' (Afuape, 2012, p. 54). Therapy, when delivered appropriately, can help individuals seeking asylum to reclaim their life narratives (Afuape, 2012). This theme attempted to describe as closely as possible the collaborators' experiences of the very essence of NET. Despite the difficulties staying engaged with NET, every collaborator in this study spoke positively about having the opportunity to talk regularly to a therapist, with many saying they missed it after the sessions finished. When exploring what specifically was meaningful to the collaborators about speaking with a therapist, the importance of being heard and understood by another materialised in every account. In contrast, two collaborators spoke of the detrimental impact of feeling misunderstood, through the process of either being prejudiced or pitied by professionals. These experiences directly relate to arguments explored in the literature review; specifically, how the portrayal of trafficking survivors often falls into two categories. The first is the category that becomes pitied, the naïve, uneducated and passive victim. The second receives more victim-blaming, as if they are not uneducated and passive, then they must lack morals or values (Rodríguez-López, 2018). Both these stereotypes offer a limited representation of a trafficking survivor, and highlight the importance of the wider context when working with survivors of trafficking, and the need to examine our own biases.

5.3.5. Theme 5: We need more than just talking

The previous theme focuses on the importance of talking and feeling heard, whereas this theme addresses the limitations of talking therapy alone when working with survivors. Initially when collaborators spoke of the importance of practical issues (such as legal or housing support) being addressed alongside NET, I felt slightly frustrated. I believed that discussing practical issues was a deviation from more important topics, such as the lived experience of NET. Despite my reservations however, I remained

curious and open to the topic, and was surprised at the number of times it emerged. This finding did replicate a previous study exploring asylum seekers experiences of TF-CBT (Vincent et al., 2013). The authors of this earlier study found that uncertainty about the future or the fear of repatriation appeared to negatively impact on engagement in therapy for all their participants (Vincent et al., 2013).

Through a process of reflecting on discussions where collaborators articulated the need for practical support in addition to therapy, it became apparent that a desire for safety and stability was the issue being expressed. Lack of safety as a barrier to engaging with therapy has long been acknowledged in the literature (Maslow, 1943). NET at HBF is commonly preceded by a number of grounding sessions, which aim to provide the client with strategies to calm themselves and begin to feel safe within their body. Many survivors of trafficking however in the UK do not feel safe in the present. Many individuals live under the threat of deportation, experience racism, verbal or physical assaults due to their perceived 'illegal' status in the country, endure poverty, homelessness, or fear of retaliation against family members or being found by their abusers and re-trafficked.

“An asylum-seeking person may feel tied to the traumas of the past partly because they are living in limbo waiting to hear if they will be granted asylum in the UK, partly because they feel loyal to their community's experience of ongoing persecution, and because feeling unsafe in their present living circumstances replicates past experiences of danger” (Afuape, 2012, p. 135).

There are many overlaps between the torture experienced by survivors and the process of seeking asylum in the UK, these similarities include; loss of control, and maximising helplessness and powerlessness (Afuape, 2012). Therefore, it is perhaps unsurprising that some of the collaborators in this study made the connection between discussing their past in therapy, and the difficulty of doing this during their ongoing legal battle to remain in the country. Recent research has focused on the need for mental health professionals to adopt a 'holistic and advocacy-based counselling approach' (Clarke & Borders, 2014, p. 294) and stated the importance of including

practical support when providing mental health interventions (Lonn & Dantzler, 2011; Mitschke et al., 2017).

5.3.6. Theme 6: Living life after therapy

Often survivors of multiple violations lose their earlier more pleasant (or neutral) life memories, along with the ability to envision a future, this leaves the individual with virtually no bearings to navigate the present by (Brisson, 2002). Through the process of constructing a physical lifeline (with string, stones, and flowers) in NET the collaborators had the opportunity to visually examine the harrowing events in the context of other happier ones, and also visualise the long curled up piece of string that represents their life yet to come. Herman (1992) states that for survivors this could perhaps act as a realisation that the violations they endured are not the most important part of their life story. This offers survivors a different perspective that they are more than the violations they endured. In this study the collaborators' expressed hopes for the future which provided both the initial motivation to engage with therapy, and the impetus to sustain their commitment to NET, even when it was difficult. All the collaborators discussed positive, inter or intra-personal changes which had occurred following NET, however, the significance of these changes differed for each individual. One collaborator did not feel the changes were enough to warrant the hardships they endured attending NET sessions.

There is very little in the current literature about the changes survivors of trafficking (or forced migrants) experience following trauma-focused therapies, and how this impacts the meaning they make of their therapy. The Shearing and colleagues study (2011) mentioned previously, did examine participants' experiences of change following reliving as part of TF-CBT, and reported some similar findings to this current study following reliving, such as a reduction in fear associated with the memories, increases in control over accessing the memories, and changes in blame attribution. However, one major difference between the studies is that individuals in the study by Shearing and colleagues (2011) described getting their 'old self back' following reliving which the authors state reflects one of the main aims of CBT for PTSD, 'reclaiming one's life' (Ehlers & Clark, 2000, p. 337). In contrast, collaborators in this study described an acceptance that NET helped change some aspects of themselves or their

lives, but it would not be able to repair everything they hoped it would. Some parts of themselves would remain lost or irreparably damaged, and they would need to adapt or live with themselves as individuals changed by what they had experienced. This notion of moving forward with their lives, rather than regaining their previous selves, perhaps better reflects the concept of individuals processing their harrowing experiences, and subsequently discovering new meanings and perspectives on themselves and their world view (Tedeschi & Calhoun, 2004). Perhaps, this is to do with the differences between the participants, specifically the nature, and frequency, of the difficult experiences they endured. Brison (2002, p. 68) describes how survivors 'often eventually find ways to reconstruct themselves and carry on with reconfigured lives'. Two of the collaborators in this study expressed how their sons provided meaning to their lives, and one individual described the pride they felt towards their son, and themselves, at their son's achievements. The same collaborator stated how they were now volunteering with women in need and believed their narrative could be an inspiration to those women. Constructing meaning in a life after repeated violations, can also be a means of constructing a new sense of self.

5.4. Limitations

Methodological

As proposed by van Manen (1990) the interview with collaborators was intended to be conversational, unstructured or semi-structured with only one or two open ended questions. In practice, despite having only one core question, and some additional prompts, the interview became much more structured than initially planned. When asked the first core question the collaborators responses were either very short, or they were unsure what specifically I was asking them about. Consequently, I needed to follow up with either more questions to remind them and orient them back to when they had NET, or I needed to prompt them into offering more information about their experiences of therapy. It is unclear exactly why more prompts were needed in almost every interview, and only my understanding of the reasons will be presented here, as I did not ask the collaborators their views on this topic.

The mean average length of time since the collaborators last session of NET was 25 months, it may have been such a long time that the collaborators had difficulty

recalling the therapy and their experiences of it. Perhaps taking more time to orient the individual to that specific time in their life before starting the interview might have been useful. Shortcomings in the conversational aspect of the interviews, could have been another reason they became more structured than anticipated. The interviews felt more formal than I wanted, with collaborators providing short answers to my open-ended questions, and then politely waiting for me to ask the next question. Perhaps, I underestimated the time needed to develop a relationship where the collaborators trusted me enough, and felt comfortable offering up their experiences without being asked specific prompts. Developing a trusting relationship may have been more challenging over Microsoft Teams than in person. If the interviews had been at the Helen Bamber Foundation as initially planned pre-Covid, I would have been able to make the collaborator a hot drink or offer them snacks, thereby creating a more relaxed environment for the interview. Whereas, as the interviews were online, I had no real control over the environment they were in when speaking with me and whether it felt fully comfortable or safe (despite my best efforts to check this). Perhaps in hindsight there was more I could have done to emphasise the informal nature of the interviews, such as suggesting the interviews take place over tea and snacks even remotely, or spending time 'getting to know each other' before the interview began.

I have also considered the likelihood that the collaborators have been conditioned to respond in this way when speaking to an individual involved in their care or trafficking journey. For example, when speaking with the Home Office, police, local council, medical professional, or having to complete batteries of questionnaires about their mental health, the format is always the same: answer the question, then wait for the next one. It seemed very difficult for either one of us to break that pattern, although it did happen with some of the collaborators eventually. Finally, language (English being an additional language for all of the collaborators) may have been a barrier to achieving a more conversational interview and instead having to rely more heavily on a structured interview. I will discuss the challenges around language in this study in more detail subsequently. The reliance on additional prompts to explore specific aspects of the collaborators' experiences of NET will inevitably have been in conflict with the intention to refrain from imposing any preconceived notions onto the

narratives. It may also have impacted on my ability as a researcher to stay as close as possible to the collaborators' lived experience.

Language

Research into trauma-focused psychological interventions for forced migrants or survivors of trafficking, are often underpinned by a positivist paradigm, and use language comprised of specific western concepts such as PTSD symptoms and trauma. This research aimed to represent a different discourse and convey how NET was experienced using (as closely as possible) the language of the survivors themselves. However, a hermeneutic interpretative phenomenological approach inspired by van Manen requires rich experiential material for the study to be successful (Adams & van Manen, 2017). Obtaining material which,

expresses the lived thoroughness of an experience, compared with material that I composed primarily of opinions, views, or interpretations of an experience may be surprisingly difficult (Adams & van Manen, 2017, p. 784).

Each of the collaborators spoke English as an additional language, fluency of English was an inclusionary factor in this study, however it was often difficult to gauge before the interview the exact level of fluency. Consequently, there was significant variation in the levels of English fluency between collaborators, with some speaking a very high standard, and others at conversational level. Full expression of the survivors' experiences of NET may have been prevented by a lack of fluency in the English language, and their restricted use of vocabulary. Either through not knowing the right word or term to express themselves in English, or the English language not having the equivalent word or phrase as in their own mother tongue. At times this lack of fluency in English made the interview more complicated with additional prompts needed, or collaborators becoming frustrated and trailing off when unable to express themselves fully. Perhaps, this barrier to full expression resulted in my data being not quite as rich and experiential as it might have been if I was interviewing collaborators whose mother tongue was English. However, I believe this lack of complete fluency in English should not prevent the collaborators from participating, or their narratives being witnessed and honoured by this research. It is also important to note that survivors of trafficking are particularly absent in psychology research, therefore perhaps presenting

imperfect findings with the aim of providing a platform for survivors' voices, is the better option than continuing to neglect this population from the research literature. Although outside the remit of this research, in future conducting studies in the survivors' mother tongue might be the preferred option for getting as close to the individuals' pre-reflective lived experience as possible.

Reflexive - my role as the researcher

The practical processes I implemented to minimise the ethical issues regarding my dual roles as both a researcher and a part-time trainee Counselling Psychologist on placement at HBF were previously discussed in the Methodology chapter. However, I will now consider the various ways these dual roles may have impacted my research, specifically through the assumptions I developed and held about NET as a clinician. A hermeneutic phenomenological approach inspired by van Manen acknowledges the double hermeneutic process which describes how the researcher and collaborator co-construct the data. Whilst the researcher cannot bracket out their assumptions and biases, it is important that they are explicitly acknowledged. Whilst conducting this research I was also practicing NET with two clients at HBF as a trainee, these clients were in no way connected to the research study. However, my experiences delivering NET with them inevitably formed part of the research process, as they shaped the lens through which I made meaning of the collaborators' narratives. Throughout the research journey I reflected on my preconceptions of NET, and identified that I held mainly positive views. I was primarily interested in this research topic as I believed NET could be a useful intervention for individuals who had experienced multiple violations throughout their lives. However, when receiving training in NET, and delivering it, I became aware of the struggles clients faced both attending the sessions, and when they did attend, their reluctance to discuss certain distressing topics. I spent much time alone, and in supervision, considering whether NET struck the right balance when it came to encouraging clients to talk about their worst life events versus giving them the space, time and autonomy to talk when they were ready, or not at all. I became increasingly interested to understand whether this type of talking therapy did more harm than good with this client population, and was disturbed to discover that I could find no studies asking the individuals themselves. Although unable to bracket these previous assumptions and experiences, I attempted to ensure they did not lead my

questions, and tried to remain open and curious during the interviews. I actively encouraged the collaborators to discuss their challenging experiences of NET. Through continuous reflection, the use of a research journal and discussions with my supervisors I was able to consider how my preconceptions were impacting my study, rather than allowing them to be imposed unwittingly on every aspect of the research process. This allowed me to attempt to faithfully represent the collaborators' narratives by staying as close as possible to their accounts, and the meaning they made of their NET experience.

My professional connections with HBF were the means through which I was able to recruit collaborators to my study. As discussed in the Methodology chapter, contacting contributors through HBF may have had implications for full disclosure, with individuals concerned that any comments, interpreted as criticisms, may impact their ability to gain further support, or be relayed back to their therapist. However, despite the inherent difficulties there were a number of benefits of recruiting through HBF. As I was unaware of any details about the potential collaborators, by contacting them directly, I was able to minimise the possibility of selection bias by members of the therapy team, perhaps selecting the most 'psychologically well' contributors or those that responded particularly well to NET. In addition, when attempting to build trust in a short space of time, it was helpful to be associated with HBF as this increased the likelihood of developing rapport with the contributor as they already had established a trusted relationship with this organisation. It would have been nearly impossible to have contacted or engaged with survivors of trafficking independently of HBF, and it is not an approach I would have wanted to have taken even if possible. As remaining completely autonomous of HBF may not have eliminated the feeling of coercion for contributors, instead just transferred it from HBF being the coercive factor to support services in general. As stated by Kelly and Coy (2016) individuals outside of support services may feel that if they cooperate with researchers, they may gain access to highly sought after (and often scarcely available) support. In addition, interviewing survivors of trafficking without the involvement of HBF could increase the possibility of emotional harm as they would lack the psychological support available if needed following the interview.

5.5. Implications for Counselling Psychology and beyond

It is important to preface this section by explaining that a hermeneutic phenomenological inquiry as inspired by van Manen does not aim to create a representative sample. Instead, (as in this study) a small number of accounts are usually explored and analysed in depth. The themes that emerged in this study were co-created between the researcher and the collaborators. Therefore, the findings of this study cannot be seen to represent how survivors of trafficking in general experience NET. Consequently, it would be ill advised, and inappropriate to make any broad and comprehensive conclusions about NET as an intervention for survivors of trafficking based solely on this research study. However, this study does still hold important research and practice implications for the field of Counselling Psychology.

At a fundamental level this study attempts to explore the complexities around what is considered best practice in the UK when it comes to psychological interventions for survivors of trafficking. This aligns with the ethos of Counselling Psychology, which as a profession focuses on working collaboratively with individuals to improve psychological functioning and well-being, using practices based on theoretical understanding and research. When considering the contribution of this thesis to scholarship in general, as demonstrated in the literature review, this study aims to address a gap in the current knowledge base. The majority of psychological interventions that are currently used for survivors of trafficking are based on Western concepts of mental illness generalised from other populations deemed similar enough. These interventions rely on specific symptoms being present before an intervention can be offered. This is not to say these interventions are not valuable, as in certain circumstances they may prove of use. However, studies exploring psychological interventions for survivors of trafficking is lacking, despite many already being used with this specific population. Therefore, through carefully considered dissemination, this research study will contribute to the current evidence-base with an original perspective which privileges the voices of the survivors specifically.

Although the findings of this study cannot be generalised, at a service level, this research does highlight some of the difficulties experienced by survivors when accessing support. Therefore, it could be useful for anyone reading this research who

works with survivors in any capacity to consider the themes which emerged from the collaborators' narratives. Many professionals will encounter and work with survivors of trafficking, not only psychologists or mental health professionals. Members of the legal profession, police and counter trafficking officers, social services, Home Office, local council authorities, healthcare professionals, would be to name but a few. As discussed, considering the practical needs of a client should be part of delivering NET. The findings in this research demonstrate that the wider socio-political context within which therapy is taking place will impact on the client's ability to engage with NET fully. Therefore, integrative or 'joined up' working practices are crucial when it comes to supporting survivors of trafficking. Survivors of trafficking who are new to the UK or attempting to claim asylum especially, are likely to need support in various different areas of their lives. Not only was this integrative approach to support expressed by survivors as an important method of building trust in a professional or an organisation, it was described as crucial to improving survivors' psychological wellbeing. The findings also serve as a useful reminder of the small acts which assist in building trust when time is of the essence. Such as offering a beverage, being punctual, and the importance of giving the illusion of time to survivors, not rushing them, allowing them to speak about what is important to them, even if time is in limited supply within often-overstretched services.

There were many clinical implications of this study for mental health professionals and their therapeutic practice. Specifically, the focus on acknowledging and naming shame, the findings suggest that if shame goes unacknowledged during NET, it could become a barrier to engagement with therapy, and the therapist may miss the opportunity to affect change for the individual on several different levels. This research also highlighted the detrimental impact of collaborators' being subjected to pity or prejudice. Consequently, professionals need to explore the power they hold in relationships with survivors and the bearing this power can have when left unexamined, or unchallenged. Both pitying and pre-judging someone requires the professional holding the power to rely on assumptions about the survivor's situation, and perhaps a feeling of superiority over the other, consequently there is no joining with the survivor in a shared understanding. When the opportunity to fully understand

the survivor is missed this can have negative implications on not only the psychological interventions offered, but also all other types of support and care provided.

Finally, this research addresses and upholds the values and principles of both Postcolonial theory and Counselling Psychology, by contributing to the BPS's (2017) commitment to social justice.

... postcolonialism articulates a politics of resistance to the inequalities, exploitation of humans and the environment, and the diminution of political and ethical choices that come in the wake of globalization. (Krishna, 2009, p.2)

This research attempted to challenge the inequality which exists for one particular disadvantaged or marginalised group when accessing appropriate psychological support. Counselling Psychologists need to be instrumental in dismantling the dominant discourse of trauma as an individual problem, instead re-focusing the discussion on the wider structural issues which need to be challenged. When the psychological problems experienced by this population are framed as individual issues rather than societal, the narrative can become focused on fixing the individual, and when this fails, that failure rests with the individual. Rather than considering the socio-political, structural problems that contribute and exacerbate the mental health of a survivor, or whether the psychological interventions being delivered are appropriate or useful. Dismantling dominant discourses can be achieved through considered clinical practice and research, crucially by placing individual narratives into the wider socio-cultural and political contexts.

5.6. Conclusion

This research study does not intend to provide conclusive answers to complex issues such as whether NET is the most, or even an appropriate psychological intervention for survivors of trafficking who have experienced multiple harrowing events in their past. It does, however, offer an in-depth understanding of the essence of NET for these six collaborators, and in doing so provides a more rounded representation of the diversity and individuality of survivors of trafficking. The selection of a hermeneutic phenomenological interpretive methodology inspired by van Manen, provided a flexible framework for this research, and created as broad a space as possible for the collaborators to express themselves fully (within the confines of the research topic).

Additionally, the narratives could be sensitively explored with an emphasis placed on the wider context, rather than western concepts being imposed. The research also provides Counselling Psychologists, and other professionals more generally, with suggestions for informing clinical practice, or offering support to survivors of trafficking based on the lived experiences of the survivors themselves.

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Appendices

Appendix A: Full DSM-5 PTSD definition and criteria

Exhibit 1.3-4DSM-5 Diagnostic Criteria for PTSD

Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see the DSM-5 section titled “Posttraumatic Stress Disorder for Children 6 Years and Younger”.

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - 1. Directly experiencing the traumatic event(s).
 - 2. Witnessing, in person, the event(s) as it occurred to others.
 - 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 - 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.
- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
 - 1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). **Note:** In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
 - 2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
 - 3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may

occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **Note:** In children, trauma-specific reenactment may occur in play.

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
 5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
 2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).
 2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
 3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
 4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

5. Markedly diminished interest or participation in significant activities.
 6. Feelings of detachment or estrangement from others.
 7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
- E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
 2. Reckless or self-destructive behavior.
 3. Hypervigilance.
 4. Exaggerated startle response.
 5. Problems with concentration.
 6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- F. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.
- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted). **Note:** To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify whether:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

Appendix B: Invitation via email.

Hi (Contributor's name),

Thanks for talking with me today and for letting me know you might be interested in talking more about your experiences of Narrative Exposure Therapy at HBF.

Please feel free to ask me any questions when we meet on (DATE) at (TIME). If you would like to bring with you an object or poem or anything at all that reminds you of your therapy experience please do.

The main things to remember from our conversation are:

- There will be no questionnaires, and I won't ask you any questions about your past or what you discussed in therapy. I just want to know what it was like for you to have Narrative Exposure Therapy.
- You do not have to agree to join our discussion, you can say no at any time, and if you say no, it won't affect any of your support from HBF.
- The discussion will be confidential and you can say positive or negative things about the therapy and no one will know the feedback is from you. You will remain anonymous.

There are a lot more details in the participant letter and a consent form attached to this email, please take the time to read them.

The link for the meeting is below (just click on it to join the meeting).

Looking forward to talking on (DATE), we can see if the video works and if you are happy to take part, we will go ahead.

All the best

Claire Mason

Appendix C: Consent Form



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

A Phenomenological inquiry into human trafficking survivors' experiences of receiving
Narrative Exposure Therapy

I have read the information sheet relating to the above research study and 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 my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) 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 the researcher may need to break confidentiality if I say anything during the discussion which is considered a risk to my own safety or the safety of anyone else. In this instance the researcher will talk with you first, and then contact the therapy team at HBF. The therapy team at HBF may need to subsequently contact other professionals such as your G.P.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself 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 after analysis of the data has begun.

Participant's Name (BLOCK CAPITALS) and Signature

.....

Researcher's Name (BLOCK CAPITALS) and Signature

CLAIRE MASON;

Date:

Appendix D: Participant Information Sheet



PARTICIPANT INVITATION LETTER

You are being invited to participate in a research study. Before you agree, it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am Claire, a postgraduate student in the School of Psychology at the University of East London and am studying for a professional counselling psychology doctorate. As part of my studies, I am conducting the research you are being invited to participate in.

What is the research?

I am conducting research with people who have been trafficked to find out what it was like to receive narrative exposure therapy at the Helen Bamber Foundation. I am particularly interested in hearing from you directly about your experiences.

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Why have you been asked to participate?

You have been invited to participate in my research as someone who fits the kind of people I am looking for to help me explore my research topic. I am looking to involve any adult who was trafficked to the UK, and then received narrative exposure therapy with a therapist at the Helen Bamber Foundation.

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are quite free to decide whether or not to participate and should not feel coerced.

What will your participation involve?

If you agree to participate, I will ask you to do the following:

- Agree to sign a consent form.
- Take part in an informal discussion with me the researcher. This discussion will last around one to two hours and will take place via video online at a time and date that is convenient for you.
- The discussion will be recorded and then typed up into text – which I will do myself. I will change your name and any identifying details when I write the research up to ensure your confidentiality.
- I will not be able to pay you for participating in my research. However, by taking part you might be able to help improve the understanding of what it is like to have narrative exposure therapy, and this might bring about positive change that could benefit other people like you in the future.

**Please could you bring with you an object, poem, image, story or anything that reminds you of, or represents, your experience of NET therapy at HBF to our meeting.*

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times.

- You will not be identified in the data collected (the recordings and transcript), on any written material resulting from the data collected, or in any write-up of the research. Comments made in the interview will be used in the write up of the research, however all information that might identify you (for example: names and places) will be removed.
- You do not have to answer all questions asked and can stop their participation at any time, you will not have to give me a reason for doing so.
- The only time I will need to break confidentiality is if you tell me anything which I consider a risk to your own safety or the safety of anyone else. In this instance I will discuss this with you first, and then contact the therapy team at HBF. The therapy team may need to subsequently contact other professionals such as your G.P, but you will be involved in these discussions.

What will happen to the information that you provide?

Your participation will be kept confidential.

- Our discussion will be typed and your name and any information that can identify you will be changed or deleted. When typed up the audio recording of our discussion will be deleted.
- Your written consent form will be scanned onto the computer and the hard copy destroyed. Both this digital consent form and the transcript of our discussion will be saved separately on the computer and protected by a password. Only my supervisor and I will have access to them.
- The digital consent form will be deleted once this research has been submitted and assessed. The transcript of our discussion will be kept after the study has finished with the view to develop the research further (e.g., for publication) for 5-years- after this it will be reviewed and if no longer needed - safely destroyed.
- The study will be written up and submitted as a research project as part of a Doctorate in Counselling Psychology.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated, provided that this request is made within 3 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Claire Mason

email: u1818860@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor - Claire Marshall, School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: c.marshall@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
Email: t.lomas@uel.ac.uk

Appendix E: Participant Debrief Letter



PARTICIPANT DEBRIEF LETTER

Thank you for participating in my research study on how survivors of trafficking experience Narrative Exposure Therapy. This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided

- Our discussion will be typed and your name and any information that can identify you will be changed or deleted. When typed up the recording of our discussion will be deleted.
- Your written consent form will be scanned onto the computer and the hard copy destroyed. Both this digital consent form and the transcript of our discussion will be saved separately on the computer and protected by a password. Only my supervisor and I will have access to them.
- The digital consent form will be deleted once this research has been submitted and assessed. The transcript of our discussion will be kept after the study has finished with the view to develop the research further (e.g., for publication) for 5-years- after this it will be reviewed and if no longer needed - safely destroyed.
- The study will be written up and submitted as a research project as part of a Doctorate in Counselling Psychology.

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm.

Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in

any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

Agencies providing advice, support and information:

- **Modern Slavery Helpline**

Providing victims information and support on a 24/7 basis.

Call: 08000 121 700

<https://www.modernslaveryhelpline.org/>

- **Refuge's Modern Slavery Service**

Refuge is a charity that can help victims (current or potential) of modern slavery to access support that is tailored to their specific risks and experiences.

Call: 020 7395 7722

<https://www.refuge.org.uk/our-work/our-services/human-trafficking-modern-slavery/>

- **Freedom from Torture**

A charity providing specialist psychological therapy to help people who have survived torture recover and rebuild their lives.

Call: 0207 697 7777

<https://www.freedomfromtorture.org/contact-us>

- **Samaritans**

Offering a safe place for you to talk any time you like, in your own way – about whatever's getting to you. You don't have to be suicidal. They are available round the clock, 24 hours a day, 365 days a year.

Call: [116 123 \(UK\)](tel:116123) This number is free to call.

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Claire Mason

email: u1818860@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact my research supervisor - Claire Marshall, School of Psychology, University of East London, Water Lane, London E15 4LZ.

Email: c.marshall@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
Email: t.lomas@uel.ac.uk

Appendix F: Interview Protocol

Verbal consent:

- Do you understand what is involved in the research?
- Do you understand why I am doing the research?
- Do you understand that you can stop at any time without giving a reason?
- Do you understand that your identity will not be revealed and I will only take parts of what you say to show others?
- Do you have any more questions? Have I answered your questions ok? How do you feel about continuing? Can we begin?

Core questions:

- Please tell me as much as you can remember about what it was like to have narrative exposure therapy at the Helen Bamber Foundation?
- Can you tell me about the object/poem/image/story you brought with you today and tell me why it reminds you of NET at HBF?
- Is there anything else you would like to add?" Prompt: (Something important we have missed or some detail you want to mention).

Prompts:

- Am I right that you had therapy back in (state the month/year) with (state the name of therapist), can you remember what that experience was like for you?
- Was there anything helpful about the therapy?
- Was there anything difficult about having NET?

Additional prompts:

- How did it feel to come into HBF for therapy?
- Had you been waiting a long time before therapy?
- Did you have worries about what it would be like having NET?

- What made you decide to agree to the therapy?
- Can you tell me in your own words what you think NET is?
- What was your experience with (name of NET therapist) like?
- Would you change anything about the therapy?

Verbal debrief:

- Thank you for taking part.
- How are you feeling now?
- Take as much time as you need, there is no rush.
- What was it like taking part in the interview?
- Would you like me to call you next week to check in with you?
- Are there any more questions you would like to ask?

Appendix G: Ethical approval from UEL ethics board

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: Jeeda Alhakim

SUPERVISOR: Claire Marshall

STUDENT: Claire Mason

Course: Professional Doctorate in Counselling Psychology

Title of proposed study: A Phenomenological inquiry into human trafficking survivors' experiences of receiving Narrative Exposure Therapy

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):*

No minor amendments required, however I would like to encourage the student to consider the HBF team's involvement in the study and whether this may present issues relating to pressure to participate in the study. It maybe that when presented with the letter from a member of the team participants may feel a desire to participant due to the treatment they were offered at HBF. Additionally, I would like to encourage the student to consider whether the process of selection may mean that the team are quite selective of the participants as well before they are presented with the invitation letter. This may take away a level of autonomy that participants are meant to have in research. Moreover, taking away the opportunity for the researcher to assess and manage risk independently. It could be useful to consider having an independent screening process from HBF to maintain researcher autonomy as well.

Major amendments required *(for reviewer):*

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)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

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

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐

MEDIUM (Please approve but with appropriate recommendations)

☐

LOW

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

Reviewer (*Typed name to act as signature*):

Dr Jeeda Alhakim

Date: 14th October 2020

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Appendix H: Written confirmation from HBF accepting this research study

Subject: RE: Your doctoral project

Dear Ms Mason

I am writing to confirm that my colleagues and I are happy (subject to your having obtained ethical approval from your university) for you to recruit Helen Bamber Foundation (HBF) clients for your doctoral research project on the lived experience of receiving Narrative Exposure Therapy.

We do not have a Research Ethics Committee at HBF. WE do however require that all research projects carried out at the Foundation receive ethical approval from a university, NHS or equivalent committee as well as being relevant to the Foundation's research and overall strategy – as your doctoral project is.

Best wishes

Cornelius Katona

Prof Cornelius Katona MD FRCPsych
Medical and Research Director

Helen Bamber 
Foundation
working with survivors of human cruelty

Bruges Place, 15-20 Baynes Street, London, NW1 0TF

[Entrance via Randolph Street](#)

T: 020 3058 2043 | F: 020 3058 2050

helenbamber.org | [Facebook](#) | [@HelenBamber](#)

Appendix I: UEL Data Management application

CERTIFICATE of ACHIEVEMENT

This is to certify that

Claire MASON

has completed successfully
Research Integrity Modules

23 January 2020

End of course quiz - Social and Behavioural Sciences

Grade: 85.00 %

University of East London

List of Tables

Below is a list of tables not included in the body of the text.

Table 2

Table illustrating Cresswell's (2013) recommended standards when assessing the quality of a phenomenological study, and how they have been addressed in this research.

Recommended standards	How addressed in research
Does the author convey an understanding of the philosophical tenets of phenomenology?	Sections 3.5 – 3.7 of this chapter explore and present the phenomenological philosophy, followed by a clear justification for selecting the hermeneutic approach informed by van Manen.
Does the author have a clear “phenomenon” to study that is articulated in a concise way?	The phenomenon in this study is ‘human trafficking survivors experiences of Narrative Exposure Therapy’. This is defined and articulated to the reader in chapter one of the research study. Methods for conveying clearly and concisely the phenomena to the contributors is discussed throughout this methodology chapter.
Does the author use procedures of data analysis in phenomenology, such as the procedures recommended by Moustakas (1994) or van Manen (1990)?	The selected methodology of this research is informed by van Manen and therefore his data analysis approach (van Manen, 1990) has been utilised in this study. The approach is detailed in section 3.12 of this methodology chapter and operationalised in chapter four.
Does the author convey the overall essence of the experience of the participants? Does this essence include a description of the experience and the context in which it occurred?	The overall essence of the participants’ lived experiences is conveyed to the reader in chapter five when the findings of this study are thoroughly discussed. Throughout the research the contributors experiences have been situated with the specific socio-cultural, historical and political context of human trafficking within the UK.
Is the author reflexive throughout the study?	Chapter one includes a statement positioning myself, the researcher, within the research. In addition to this throughout the study, the insights, thoughts, biases, and decision-making processes which have formed the basis for this study have been explicitly documented and reflected on.

Table 3

Table illustrating the phenomenological research evaluation criteria proposed by van Manen (2014, p. 355 - 356) with full descriptions.

Criteria	Description
Heuristic questioning	Does the text induce a sense of contemplative wonder and questioning attentiveness – ti estin (the wonder what this is) and hoti estin (the wonder that something exists at all)?
Descriptive richness	Does the text contain rich and recognisable experiential material?
Interpretive depth	Does the text offer reflective insights that go beyond the taken-for-granted understandings of everyday life?
Distinctive rigour	Does the text remain constantly guided by a self-critical question of distinct meaning of the phenomenon or event?
Strong and addressive meaning	Does the text 'speak' to and address our sense of embodied being?
Experiential awakening	Does the text awaken pre-reflective or primal experience through vocative and presentative language?