WELLBEING IN OUR OWN WORDS:
SURVIVORS OF SLAVERY DEFINING WELLBEING

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Abstract

The anti-slavery movement is witnessing survivors of slavery call for a new moral obligation: to co-construct a survivor's journey in freedom after enslavement. To the extent that survivors of slavery are the focus of research, current evidence enumerates the deleterious effects of slavery on an individual's physical, social, and psychological health. Evidence of survivors' wellbeing is sparse, with few studies exploring the presence of positive attributes demonstrated by survivors of slavery. While understanding the negative health consequences is important for efforts to diminish survivors' suffering, public advocacy efforts by survivors have called for interventions that enable a full life, one that is more than the absence of enslavement and its consequences. To respond to survivors' requests and fill a gap in anti-slavery research, this thesis asked and answered: how do survivors of slavery define wellbeing?

Sixteen semi-structured interviews were conducted with survivors living in the UK. Data analysis followed constructivist grounded theory methodology, resulting in seven theoretical categories that served as the foundation to a survivor-informed definition of wellbeing. The definition that emerged is *wellbeing for survivors of slavery is a relational process that enables and sustains practices for answering existential questions about meaning and purpose. The practices are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.* Uniquely within the field, this study utilizes the investigator's insider status in the survivor of slavery community. The implications for this thesis are to initiate a new direction of anti-slavery research and to inform alternative considerations to policy and programming for survivors' after-care.

Key words: slavery, wellbeing, human trafficking, mental health, lived experience

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Dedication

To survivors whose lives in freedom are a constant struggle

To my interview participants

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List of Abbreviations

ASI: Anti-Slavery International

ATMG: Anti-Trafficking Monitoring Group

CGTM: Constructivist Grounded Theory Methodology

DRM: Disability Rights Movement

DSM: Diagnostic and Statical Manual of Mental Disorders

DV: Domestic violence

ECAT: European Convention on Action Against Trafficking in Human Beings

ILO: International Labor Organization

MHC-LF: Mental Health Continuum Long Form

MHC-SF: Mental Health Continuum Short Form

MSA: Modern Slavery Act

NCG: Negative Conclusive Grounds

NGO: Non-Governmental Organisation

NIHR: National Institute for Health Research

NRM: National Referral Mechanism

PCG: Positive Conclusive Grounds

PTG: Posttraumatic Growth

RG: Reasonable Grounds

SDG: Sustainable Development Goal

TVPA: Trafficking Victims Protection Act

UN: United Nations

UNODC: United Nations Office on Drugs and Crime

WHO: World Health Organization

Chapter 1: Introduction

In early 2020, Mathilda McCrear made headlines in international news as the last known survivor of the Transatlantic Slave Trade (Katz, 2020; Coughlan, 2020). Eighty years after her death in 1940, parts of her story resurfaced, illuminating some of the tragic injustices of slavery as well as the remarkable resilience of McCrear and her community (Durkin, 2020). If it were not for the work of a historian, McCrear's life experiences would not be available to us today. Unfortunately, the long-term neglect and absence of Mathilda McCrear's life is commonplace in academia, even in the field of history, where survivors of slavery are most often considered relevant research subjects (Handler, 2002). McCrear was not a skilled orator like Frederick Douglass, a published author like Harriet Jacobs, nor a journalist or campaigner like Ida B. Wells. McCrear died as a tenant farmer, a wife, and a mother. She was captured at a very young age of two and emancipated in early childhood. Although she did not reach critical acclaim, McCrear's life provides evidence of the courage and capacities of survivors of slavery (Durkin, 2020). Durkin's (2020) presentation and analysis of what is known about McCrear's life is pioneering, because she demonstrates the effects of slavery on McCrear's post-enslavement experiences. Whereas anti-slavery literature often focuses on understanding or describing the violent experiences during slavery, Durkin (2020) reveals how a survivor confronted the aftermath of slavery and illustrates McCrear as an empowered woman, despite the formidable challenges she faced.

Although Mathilda McCrear may be the last survivor of the Transatlantic Slave Trade, she is certainly not the last survivor of slavery. Slavery in its many forms is an ongoing atrocity in modern society. A countless number of survivors are forgotten by history, but Durkin's account of McCrear's experiences awakens us to a new possibility. We do not need to wait a lifetime to uncover the lessons we can learn from survivors of slavery. There are survivors of slavery who live among us today. These are survivors of lesser-known slaveries, and yet they are survivors. Their experiences of life after slavery can provide important information for anti-slavery scholarship and the anti-slavery movement.

Current anti-slavery research rarely describes survivors of slavery (hereafter ‘survivors’) as empowered people. With the exception of the Haitian revolution led by thousands of people who were still enslaved (Eddins, 2019) the most common narratives about survivors of slavery are focused on individuals. Scholars in the humanities have gone to great lengths to illuminate and celebrate individual survivors for their anti-slavery efforts historically (e.g. Trodd, 2018; Blight 2018; Murray, 2020) and contemporarily (e.g. Bales & Trodd, 2008; Murphy, 2019). Yet the overwhelming academic narrative portrays survivors of slavery as marked with great suffering and pain. Underscoring the long-term trauma and injury that survivors face is an extremely important task. However, equally important is the task of representing survivors as multidimensional human beings. Like all human beings, survivors can have a range of experiences and are likely to experience joy and contentedness in addition to suffering. This thesis explores the complex experiences of survivors of slavery through the interdisciplinary concept of wellbeing. The definition of wellbeing, like most social science constructs, remains highly debated among academics. Explored through a variety of disciplines, wellbeing is studied significantly in philosophy, political and economic sciences, mental health and medical science, and human development. Rather than examining wellbeing from one specific discipline, this thesis investigates wellbeing from an interdisciplinary and lived-experience lens. As it will become clear through the following chapters, the most relevant wellbeing literature for this thesis will derive primarily from positive psychology, but insights from other disciplines will also inform the discussion of the findings.

Wellbeing in our own words introduces a new perspective to the discourse about wellbeing by asking and answering, how do survivors of slavery define wellbeing? Taking a strong standpoint epistemology, this thesis operates from the assumption that the perspective of survivors will provide new information about the concept of wellbeing. By mining the lived experiences of survivors for its theoretical assumptions, this thesis offers a definition of wellbeing derived directly from survivors. **The thesis asserts that wellbeing for survivors of slavery is a relational process that enables and sustain practices for**

answering existential questions about meaning and purpose. The practices are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery. The unique contribution of this definition is that it proposes wellbeing as a *process*, rather than a state of being. It also suggests that the process of wellbeing is not solely focused on the strictly positive elements of life. As it will become clear in the findings and discussion chapters, the theoretical concepts that comprise this definition include managing the (negative) impact of trauma *and* building a life worth living, which includes happiness as a component.

The remainder of this chapter sets the stage for the reader to understand the context for this study and the overall research purpose.

1.1 Definitions of Slavery

Before going much further, it is important to address the multitude of terminology that is used in association with the phenomena of slavery. Some of the common terminology that readers will hear associated with slavery are *modern* slavery, human trafficking, trafficking in persons, forced labour, debt bondage, bonded labour, forced conscription (child soldiers), and sex trafficking. Each of these terms is defined to varying degrees in legal statutes. Yet, widespread misunderstanding about the terms comes from surface engagement with how the social issues are portrayed. Inaccurate reporting of research, media sensationalisation, and click-bait titles provided by reputable news sources make it difficult for even the well-educated to grasp the complexities involved in the phenomena of slavery. It is unlikely and unreasonable to expect that anyone outside of legal scholars and policy advocates to know all the different legal definitions for slavery and to know the intricate differences between and among them. The understanding of slavery in the public conscious is shifting, but it often still conjures images of cotton plantations, auction blocks, and a focus on colonial slavery or the Transatlantic Slave Trade. Public awareness campaigns about human trafficking often conflate slavery and human trafficking, emphasizing its equivalence or similarity in order to trigger emotional reactions that lead people to act (Sanford et al., 2016; Murphy, 2019). Because many forms of slavery include the abuse of children and sexual abuse or sexual exploitation, it is not surprising that emotional reactions run high. As a result, anti-slavery scholars must also contend with a readership influenced by heightened emotions, misinformation, and inaccurate assumptions regarding the topic of their research.

A passionate debate about the definition of slavery and its equivalence to human trafficking continues among scholars. It is beyond the scope of this paper to provide an in-depth overview and analysis of the definitional debates, and they are covered sufficiently elsewhere (see for example, Allain, 2013). However, there are a few important philosophical and operational issues that any scholar of slavery must resolve before conducting original research. These issues are also important for any consumer of anti-slavery literature to understand, in order to critically appraise the research in question. The issues fall into three categories: (1) definition by country context, (2) historical vs. contemporary slavery, and (3) the politics of definition.

1.1.1 Definition by country context

To confuse consumers of anti-slavery literature even further, different countries use slavery and related terms differently. There is no international standard, with different U.N. agencies utilizing separate definitions for slavery, human trafficking, and forced labour without any consistency (Schwarz & Nicholson, 2020). The UN Office of Drugs and Crime uses human trafficking (UNODC, n.d.), the International Labor Organization (ILO) uses forced labour, which it says encompass slavery and human trafficking (ILO, n.d.), and the Office of the High Commissioner on Human Rights (OHCHR) is concerned with slavery and contemporary forms of slavery and does not mention human trafficking (OHCHR, n.d.). Even if an international standard existed, each country is governed by its own legislation, or lack thereof, on slavery and/or human trafficking and inconsistently aligns its national legislation with international conventions.

Bales and Robbins (2001) provide a history of the evolution of the definition of slavery in international conventions. Their starting place is the first internationally accepted definition of slavery in the 1926 Convention of the League of Nations which states, “slavery is the status or condition of a person over which any or all of the powers attached to ownership are held” (League of Nations, 1926, Article 1). This definition was created after legal abolition of slavery in many countries and after World War I, with the attempt to ensure international collaboration to end slavery (Bales & Robbins, 2001). In their account, the term trafficking appears in the Rome Final Act of 1998 as *part of* the definition of slavery rather than a separate phenomenon (Bales & Robbins, 2001). Vehement debate continued about this definition and not long after, the 2000 Palermo Protocol to Prevent, Suppress, and Punish Trafficking in Persons, one of three protocols introduced by UNODC to implement the Convention Against Transnational Organized Crime (Stiller, 2017), was introduce. A UNODC report from 2014 indicated, 90% of UN nations adopted anti-human trafficking legislation after the introduction of the Palermo Protocol, expanding the usage of human trafficking as the key terminology.

In addition to the multiplicity of terms used by the U.N., the influence of the United States’ use of the human trafficking accelerated the diversity of terminology used in legal, political, and activist realms. The U.S. Victims of Trafficking and Violence Prevention Act (TVPA) 2000 defines human trafficking as an umbrella term that includes practices such as slavery, peonage, debit bondage, and involuntary servitude (TVPA, 2000). In this definition, human trafficking is the process of exploitation, and slavery is the end result (Weitzer, 2015). The U.S. definition has influenced other countries’ terminology and definitions, because of its role in international affairs as a key supplier of international aid with the capacity to impose economic sanctions (TVPA, 2000). In 2001, the U.S. began releasing the Trafficking in Persons (TIP) Report (U.S. Department of State, n.d), assigning each country to one of three tiers based on that country’s response to human trafficking. The lower the tier, the higher the probability of a country facing sanctions from the US, thus motivating some countries to avoid economic consequences imposed by the US by replicating US legislation, if not enforcing it. Written into the TVPA was an amendment to the Foreign Assistance Act of 1961; the amendment allowed the U.S. “not to provide nonhumanitarian, nontrade-related foreign assistance to any government that (1) does not comply with minimum standards for the elimination of trafficking” (TVPA, 2000, Sec. 110a). The minimum standards for elimination of trafficking were aligned with the TVPA. Although many countries had existing anti-slavery laws, the passage of anti-trafficking legislation became a focus, and thus the term human trafficking spread even further. Consequently, slavery and human trafficking can be found used interchangeably by some scholars and used as distinct phenomenon by others.

For the purpose of this thesis, selecting and following a country-specific definition for slavery is not of utmost relevance nor is it pragmatic. Selecting a country-specific definition was only necessary if I sought to confirm the legal status of an interviewee as a survivor of slavery. This would require interviewees to present legal evidence, or for participants to be referred by someone who could confirm this legal status. In addition to breeching ethical research standards, this practice would be counter to the research aims. The purpose of this research project is not to determine the legitimacy of a person’s claim to being a survivor of slavery in any one country. The purpose is to inquire about the lived experiences of people who self-define as survivors of slavery. Lived experiences may be influenced by country specific definitions and contexts, but they are by no means fully encapsulated by such.

Distinguishing the use of terminology and definitions for legal matters is different from actually using these terms to identify a group of people. This will be discussed further in Section 1.1.3. For the remainder of the thesis, the terms slavery or modern slavery will be in primary use. Use of human trafficking, or any form of the word trafficking, will only occur when referencing terminology that other actors have used to self-define their work (e.g. Trafficking Victims Protection Act of 2000).

1.1.2 Historical vs. modern slavery

The explicit comparison of “old slavery” to “new slavery” originated from *Disposable People* (Bales, 1999, 15) and invited much critique. Bales’ categorization of “old” and “new” slavery was to simplify and understand the differences between the slaveries of the 16th -19th centuries from the slaveries of the 20th and 21st centuries. Bunting & Quirk (2017) critique the movement against “contemporary slavery”, highlighting sensationalisation and lack of attention to a wider set of global development issues (poverty, capitalism, etc.). They argue that contemporary slavery is mostly a “rhetorical appeal” and anti-slavery work has “tacitly legitimiz[ed] larger political arrangements involved in exploitative labor [sic] systems and supply chains” (24). In a later edition of *Disposable People,* Bales (2012) himself expressed regret for this comparison, stating,

> If there was one thing I would change in this book it is the emphasis I gave to the idea of ‘old’ and ‘new’ slavery. In the late 1990s, I was comparing the slavery I was finding in the field with my admittedly limited understanding of historical slavery. In my mind I was building typologies in order to help me and others make sense of what I was seeing, and, not surprisingly, as a first stab at understanding, my categories were simplistic….
>
> The more I learned, the more I realized that slavery always lives along a continuum, that it reflects each culture and society where it exists, and that trying to corral it into two conceptual categories just doesn’t do it justice. But like a lot of simple ideas, the notion of ‘old’ and ‘new’ slavery became very popular with journalists. The tidy contrast helped to illustrate and explain how so many people could be in slavery at the beginning of the twenty-first century even though slavery was a thing of the past. The result was that this flawed conceptual tool became common currency, something I regret. (Bales, 2012, xxvi)

Implicit in a comparison of two phenomena is an understanding of whether they are the equivalent, entirely different, or some combination of the two. For the field of slavery studies, this has meant questioning whether the forms of slavery we witness in the 21st century can be equated to the forms of slavery that we were taught only occurred in 17th and 18th centuries. Did slavery ever end? Did it transform? Is what we see now, completely different from what we saw in the past? These questions raise additional questions, such as: by what characteristics are we measuring and comparing? Who has the authority to decide whether or not the slaveries are the same? Each and all of these questions are important and there is no consensus among scholars at this time.

In this thesis, I will use the terms ‘modern slavery’ and ‘slavery’ interchangeably. Although I will not adopt a specific legal definition for slavery, the primary audience for this doctoral study are US and UK-based audiences who are familiar with the use of these terms. The second, and equally important reason, is to recognize and pay respect to the difference in legal conditions for people enslaved in the 18th and 19th centuries as compared to the late 20th and 21st centuries, given that legal slavery is in fact more pervasively abolished in international laws today. The legal provisions allowing slavery had severe impact on the lived experiences of people who were enslaved and continue to have an impact on generations of descendants of formerly enslaved people. However, as many have noted, legal abolition of slavery did not abolish slavery in practice, and for many countries, the practices of slavery have continued throughout many centuries. A differentiation between historical and contemporary slavery makes little sense in those instances.

In addition, there may be no empirical differentiation in *lived experience of slavery* for people who have endured the various practices of slavery across time. Differences in external historical realities do not necessarily mean differences in the lived internal experiences of survivors then and now. Little research exists to compare the experiences of ‘historically’ enslaved people to ‘contemporarily’ enslaved people. Nicholson et al. (2018) highlight some similarities in the experiences expressed in survivors’ narratives across time, particularly as it relates to the impact of slavery. Here, the need for survivor-driven research is essential. Survivors of slavery from the 18th century may not be able to speak directly with survivors of slavery from the 21st century; but survivors of the 21st century can take up the task of comparing and analysing the representations of lived experience that do exist. This task is beyond the scope of this thesis and not within its aims. However, it is important to highlight that survivors of slavery across time and geography have not discussed the similarities or differences in their lived experience, and thus, insights from a conversation of this nature have not informed scholarly definitions of slavery. Although I do not personally take the position that ‘old slavery’ is different to ‘new slavery’, I use the terminology of modern slavery as a rhetorical device to signal to readers that I am discussing experiences of people who have lived through slavery in the 20th and 21st centuries

1.1.3 The politics of definition

Stone (2012) argues that language, images, and metaphors are key tactics for all interest groups, as they are the means of expressing a political agenda and for gaining a groundswell of support for a specific issue. Embedded into the expressions of a political agenda is an objective that an interest group has in mind – their purpose. In defining a social phenomenon such as slavery, it is important to know the purpose of the definition (its political objective) and the interest group invested in the definition. In other words, it is important for us to question: Who is doing the defining and for what purpose? Many authors have written about the different political agendas related to anti-slavery work (e.g. Bromfield & Capous-Desyllas, 2012; Brennan, 2008; Weitzer, 2015; Davidson, 2015; Murphy, 2019). While there may be additional or overlapping agendas, these authors and others, point to five key agendas:

(A) Ending slavery, seen as an extreme social and economic exploitation
(B) Differentiating modern phenomena of labour exploitation from slavery
(C) Ending all forms of commercial sex
(D) Promoting safe and fair employment for all
(E) Supporting recovery for victims

Each agenda can be associated with a specific legal definition or interpretation that is compatible with the objectives of a particular interest group. Additionally, interest groups might share the same political agenda, but pursue different approaches. For example, law enforcement agencies and survivor groups might both be interested in (A) Ending extreme labour exploitation and (E) Supporting recovery for victims. However, law enforcement typically focuses their strategies on rescuing victims and convicting criminals (Choi-Fitzpatrick, 2017), whereas survivors focus on expanding opportunities for educational advancement and providing peer-support (US Advisory Council, 2016). For each of these interest groups, they prefer a definition that best serves their theoretical approach. Most interest groups are led by people in positions of power that can participate in definitional processes. Survivors of slavery rarely, if ever, have been a part of this these definitional debates (Nicholson et al., 2018).

The absence of survivor-informed definitions has immediate and concrete implications for survivors' lives. Legal definitions and the political agendas associated with them shape the availability of social services to survivors and have an impact on how survivors rebuild their lives. Definitions that become embedded into social and legal practice create discrete categories of people. For the definition of slavery, the categories of people inherently created are victims/non-victims of slavery, and perpetrators/non-perpetrators of slavery. When these definitions are then used by governments to assign rights and welfare entitlements, a battlefield for interest groups opens up. Interest groups are often rightfully motivated to battle to be included in the definition of victim, especially if this designation confers access to government entitlements. Expanded definitional boundaries allow more people to access resources.

Limited government welfare spending and a mentality of scarcity of resources can amplify the need for interest groups to restrict definitional boundaries. Those who are discursively accepted as victims are then seen as worthy recipients of rights, and those outside of these boundaries are left with overwhelming needs. The time spent on drawing boundary lines between victims and non-victims inevitably diverts attention away from supporting people and toward deciding who is worthy of support. Yet without these boundaries, it is difficult to develop plans for resource allocation or implement a process for delivering care to the appropriate service recipients. In a society where the political sphere is designed for a contestation of needs (Stone, 2012), it is no wonder that successful validation of a group's needs is necessary for achieving institutional political support. Short of that, the group's needs are deprioritized. Whose needs should supersede another's needs? Whose needs are categorized as non-negotiable freedoms instead of flexible desires? In essence, the battle for *needs acceptance* becomes intertwined with the centuries-old political battle between individual liberty and the collective good.

This thesis contributes to the conversation about the needs of survivors of slavery – their need for wellbeing, while refraining from the conversation about where the definitional boundary lines should be drawn for the population of survivors of slavery. In other words, although it is necessary to know who a survivor of slavery is, in order is to study survivors of slavery, this thesis recognises but does not engage in or contribute to the ongoing political battle of definitional boundaries. Recognizing the political agendas behind slavery and human trafficking definitions, and the influence of those agendas on global anti-slavery efforts is important because it shapes the field within which anti-slavery scholars contribute. Consciously or not, anti-slavery scholars are taking a political stance when they choose which definition or theoretical approach to slavery they operationalize in their research. Rather than shy away from taking a political stance, this thesis recognizes the political bias that all researchers carry with them.

This thesis aims to forge a pathway for political claims put forth by survivors of slavery. It recognizes “analytical concepts, problem definitions, and policy instruments as political claims themselves, instead of granting them privileged status as universal truths” (Stone, 2012, 10). Because survivors have not been part of scholarship on slavery, survivors have not been a part of defining the phenomenon of slavery. This means that all research based upon existing definitions of slavery is research based upon definitions that have not been informed by survivors of slavery. Legal definitions of slavery, although disparate and without universal consistency, are primarily political claims of people who have never been enslaved since they have excluded the input of survivors of slavery (Nicholson et al., 2018). Only one recent study utilizes survivor narratives and a survivor co-author to begin to address the gap in survivor-informed definitions of slavery (Nicholson et al., 2018). This article revealed five elements to a definition of slavery that are missing from current definitions. Rather than a focus on the specifics of defining the crime of enslaving another person, the five elements of this definition are focused on the impact of slavery. They are stasis, destruction of identity, lack of purpose, denial of privacy, and disregard for wellbeing (Nicholson et al., 2018).

This thesis also takes the political stance of utilizing the vocabulary of slavery and anti-slavery efforts. In order to situate this thesis within anti-slavery history, the term slavery is selected to signal that I recognize a continuity of slavery practices over time. Additionally, I choose this terminology for personal reasons, as ‘survivor of slavery’ is a term that my survivor peers and I have identified with prior to uncovering its legal and academic definitions. Our lived experiences resonated with the concept of slavery that each of us held in our own minds when we chose to identify as survivors of slavery. This choice is not intended to diminish the experience of people enslaved as chattel. Rather, rightly or wrongly, it is meant to make a statement about the equivalence of our lived experiences to those historically enslaved. I also choose the terminology of slavery in this thesis with the conscious recognition that ‘survivor of slavery’ is a politically constructed identity group. Governments and NGOs are utilizing legal definitions to construct this identity group, and determine who belongs and who does not, but individuals will associate with this group whether or not they have consulted the legal definitions or received legal designations. In other words, some people have been given the identity of survivor of slavery by others, but some have claimed the identity for themselves. Some, too, may have claimed the identity *after* they were given it by an institution or another individual. For this study, I will embrace a legal definition philosophically, but allow room for the different ways that NGOs and governments operationalize this definition and the different ways survivors come to self-define their experiences.

The act of studying a group, ‘survivors of slavery,’ implies a pre-determined inclusion-criteria for members of group. This study utilizes the 1926 Slavery Convention definition of slavery: “Slavery is the status or condition of a person over whom any or all of the powers attaching to the right of ownership are exercised” (League of Nations, 1926). Following this definition, a survivor of slavery is anyone who, at one point, met the criteria for this status or condition. This thesis also aligns with the interpretation of the 1926 Convention that is provided by Bellagio-Harvard Guidelines on the Parameters of Slavery (Research Network on the Legal Parameters of Slavery, 2012). The Bellagio-Harvard Guidelines provides greater clarity on what constitutes ownership and what powers are conferred by ownership (Research Network on the Legal Parameters of Slavery, 2012). The key questions used to ascertain whether someone was enslaved are:

1. Were they controlled in such a way that their individual liberty was deprived?
2. Was their liberty deprived with the intent of someone else to exploit them?
3. Was the exploitation through use, management, profit, transfer and/or disposal of the person?

Ensuring research participants in this study meet these criteria for slavery is relevant to ensuring that I am actually studying the intended population of study. However, in practice, the professionals who serve survivors of slavery are working both with people who fit the definition of slavery and those who do not. Practitioners serve survivors who fall under their own country's legal definitions and that country's interpretations of the definition of slavery, which are influenced by advocacy and social pressures surrounding that government. On a practical level, the group that I am studying, 'survivors of slavery,' can be differentiated into many groups, including but not limited to those who meet the 1926 Convention but were not given this legal status, people who don't meet the Convention but who were given the status, and people who meet other definitions for slavery (or related practices such as human trafficking) and are socially categorized as survivors of slavery. Social service providers, from whom I will recruit my participants, are often supporting people in any or all of these groups. However, to ensure that my population of study had sufficient boundaries, all participants will have had at least one qualified NGO recognize their experience as slavery or human trafficking. Although I personally see a differentiation between slavery and human trafficking, the terms are often used interchangeably in the field by practitioners. Since this thesis aims to provide a definition that can be used to develop outcome measures for social service practitioners, it seems fitting that my research embraces the language of practitioners. Also, in order to maintain ethical research practices, I did not seek to ask any interview participant to present evidence of their survivor status.

For the remainder of this thesis, I will utilize the term slavery or modern slavery for reasons clarified above. Allowing survivors to self-name and self-identify as a survivor, in addition to defining wellbeing, is central to ensuring that this thesis produces a definition of wellbeing that is derived from lived experiences. Survivors' defining their own experiences is at the heart of this thesis. It is also at the heart of lived-experience scholarship, a particular form of knowledge production that does not aim to be neutral. Lived-experience scholarship is rooted in traditions of the Disability Rights Movement, which foregrounded the voices of those typically marginalised and excluded from decisions regarding their health and mental health (Pelka, 2012). This exclusion led to maltreatment of people with lived experiences, harmful interventions, and a movement for social justice led by the campaign slogan, 'Nothing about us, without us' (Charlton, 1998). The voices of people with lived experiences of disabilities became incorporated into research through what was known as consumer-led research, service-user co-production, and survivor research. From 1996 to 2020, the National Institute for Health Research (NIHR) ran a program called INVOLVE, which was designed "to support active public involvement in NHS, public health and social care research" (NIHR, n.d).

This tradition of knowledge production, led by or informed by the people most affected by a research topic, has not yet permeated the field of modern slavery studies. *Wellbeing in our own words*, places itself within this tradition of knowledge production and emphasizes the need for research that is sourced from the unique epistemologies of those with lived experience. In Chapter 3, I will discuss the *epistemology of survival,* a unique standpoint epistemology of people with lived experiences of modern slavery. It is because of this standpoint epistemology, that my research project is also situated within the tradition of liberatory knowledge production, where knowledge is developed for the explicit agenda of social justice and improving the lived realities of oppressed communities. As a survivor of modern slavery, I consciously bring my own political agenda to this project – the agenda of seeking improved conditions for survivors of slavery *after* exiting enslavement. Although my political agenda does not seek to inform legal definitions of slavery, I do seek to inform the definition of wellbeing, which will shape how the anti-slavery field conceptualizes people who have been enslaved.

1.2 Research Context

The backdrop for this thesis was a turbulent time in socio-political history. Although the entire thesis from start to finish spans the years between 2017 and 2021, data collection took place in the United Kingdom between October 2018 and January 2020. Globally, we witnessed the rise of nationalism (Scuria, 2017; Giroux, 2017), climate strikes (Bowman, 2020; Emilsson et al., 2020), and mass migration (United Nations News, 2019). In 2017, the #MeToo Movement gained popular support and the mass media highlighted the prevalence of sexual assault in our society (Khomami, 2017). Shortly after the completion of data collection for this thesis, the global pandemic of COVID-19 led to over a year of restrictive measures around the world.

Global events contribute to the lived realities of research participants and shape the context within which a researcher conducts her inquiry. Specifically related to the issue of slavery, a few years prior to my data collection in 2015, the United Nations (UN) adopted its 2030 Sustainable Development Goals (SDGs), which includes SDG 8.7, committing all UN member nations to “Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms” (United Nations, 2016) A renewed commitment by governments to address slavery meant additional financial, human, and institutional resources were directed towards the social justice issue of ending slavery.

In the UK, amidst Brexit negotiations (Schnapper, 2020) and injustices to the Windrush generation (Craggs, 2018), the government commissioned an independent review of the Modern Slavery Act of 2015 (UK Modern Slavery Unit, 2019) and committed £10 million to establishing a new Modern Slavery Policy and Evidence Centre (MSPEC) (UK Home Office, 2019). Throughout the time period in which this thesis was conducted, research, policy, and practice that had an impact on the lives of survivors of slavery in the

UK were actively negotiated among political leaders, civil society, non-governmental organisations (NGOs), academics, and survivors.

1.2.2 Slavery in the UK

The specific context for this thesis is the anti-slavery field in the United Kingdom from October 2018 to January 2020. During this time, I interviewed sixteen survivors living in England and Scotland. As discussed in Section 1.1, debates continue regarding whether any empirical differences exist between slavery occurring in ‘modern’ times and slavery that occurred in the 1600 to the late 1800s. In spite of these debates, it is important to acknowledge the multi-generational legacies of the legal enslavement of African people (e.g. Rice & Kardux, 2012; DeGruy, 2005; Hannah-Jones, 2019) In the UK, these consequences are many and are specific to the history of British colonialism. The consequences include institutionalised racism (Phillips, 2011), the ongoing fight for justice for the Windrush generation (Craggs, 2018), disparities in health (Marmot et al., 2020), and disparities in educational access (Alexander et al., 2015). The legacy of legal enslavement remains palpable in the UK today, and undoubtedly has an impact on the experiences of survivors of modern slavery who come from Black and African communities.

As I write this introduction, the Black Lives Matter movement is leading protests on the streets of London, Birmingham, and cities across the UK to protest police brutality that is excused, if not promoted, through institutional racism (McIntosh, 2020). These protests arose in support of anti-police brutality protests in the United States, with UK citizens calling for the UK government to take responsibility for its own violence against people who are Black. A majority of the research participants in this study (11/16) identified an African country as their home nation. As phenotypically Black, these participants likely face issues related to violence against Black people in addition to issues related to their recent experiences of enslavement. The legacy of legal slavery and racism used to justify legal slavery is a very important part of the backdrop for this thesis, but unfortunately will not receive as much emphasis as it deserves. The impact of racism and racial equity will return in the discussion section of this chapter, as place my findings in a broader social context.

Choosing to focus this thesis on survivors of slavery in the UK allows this research study to exist within a unique historical narrative regarding the UK's role in slavery and anti-slavery efforts. In the UK, abolitionists such as William Wilberforce, Olaudah Equiano, are celebrated and lauded for their contributions to the legal abolition of the slave trade within the British Empire (e.g. The British Library, n.d). In 2010, the UK government established a nationally recognised Anti-Slavery Day to occur annually on the 18th October (*Anti-Slavery Act 2010)* and there are publicly funded museums to educate the public about slavery such as the International Slavery Museum in Liverpool (National Museums Liverpool, 2021) and the Wilberforce House Museum in Hull (Humber Museum Partnerships, 2016). In academia, several research institutes are devoted to the study of slavery including, but not limited to, the Wilberforce Institute at the University of Hull, Centre for the Study of Modern Slavery at St. Mary's, and the Rights Lab at the University of Nottingham. Recently, the UK Modern Slavery Act 2015 has also received international attention, serving as a model for Australian legislation (Commonwealth of Australia, 2017).

Survivors of slavery have also uniquely contributed to the UK anti-slavery history. In the late 1800s, many African Americans travelled throughout Britain to seek support for ending slavery in the United States (Murray, 2020). In the 21st century, several prominent British survivors have gone on to publish memoirs (Woodhouse, 2018; Vaughn, 2021) or public memories and start organisations (Lloyd, 2011; Moran, 2013). Two survivor-led organizations, The Voice of Domestic Workers (2020) and The Sophie Hayes Foundation (n.d.) were also established in 2009 and 2011, respectively, and still play a key role in supporting survivors as they exit enslavement and after exiting. Across the UK, greater awareness for the need for survivor voices is growing (Independent Anti-Slavery Commissioner, 2020). I, personally, have played an active role in this awareness and in the broader anti-slavery field in the UK. In 2017, I joined the University of Nottingham's Rights Lab during its inaugural year as a PhD student to conduct this thesis. Within seven months, in partnership with the Rights Lab, I launched Survivor Alliance and Survivor Alliance UK CIC, an international NGO and a not-for-profit social enterprise, that unites and empower survivors to be leaders in the anti-slavery movement. Survivor Alliance has contributed to research, policy and practice in the anti-slavery field throughout the duration of this thesis (Brotherton, 2020).

As a survivor of slavery living in the UK, a long-term professional within the anti-slavery movement, and as an emerging academic scholar of slavery completing this thesis through a UK university, I selected the UK as the context for this thesis to contribute to the specific aims of developing a survivor-informed definition of wellbeing. Limiting the study to the UK ensures that all participants are, in theory, subject to the same, if any, national wellbeing policies and the same anti-slavery policies that determine a survivors' access to wellbeing resources post-enslavement. Also, selecting the UK allows me to utilize my insider status within the population of survivors of slavery living in the UK, to gain access to research participants and contribute my lived experience knowledge to data collection and analysis.

As I continue to present the entirety of this thesis project, I acknowledge and reflect on my influence on the research context. An iterative and dynamic relationship between my research study, my lived experience, and my community engagement is inseparable. In Chapters 3 and 5, I provide a more in-depth analysis of my personal influences on this study, but I am cognizant that my social position, as with any researcher, plays a role in all aspects of this project. Although I have attempted to utilize my unique position for the benefit of this study and to minimize any undesirable effects, it will be the reader who assesses if I have done so sufficiently.

1.2.3 Scale of the problem

There is no robust estimate of the number of *survivors* - people who have exited slavery - who are living in the UK. The most robust estimate for *victims* of slavery in the UK is that 10,000 – 13,000 people are being enslaved at any given point in time (Bales et al., 2015). Researchers have attempted global prevalence measures since 1999 (e.g. Bales, 1999; Datta & Bales; 2013; Pitts et al., 2015; International Labour Office, 2017) and there are many critiques of the limitations these estimates (e.g. Bales, 1999; Gallagher, 2017). These estimates do not provide an accurate picture of the population of study for this thesis, as they refer to people who are still enslaved instead of those who have exited. Even if we were to assume that 13,000 victims became free from slavery in the UK, there is no accounting of any re-enslavement of these individuals or new enslavement of additional people. These estimates were not developed to measure the number of survivors living within UK society at any given time. They were developed to help governments and philanthropists understand the scale of the problem – to measure the number of victims and potential victims.

The UK's National Referral Mechanism (NRM) is the government system that formally identifies victims of modern slavery in the UK and provides social service entitlements through a contracted agency, currently the Salvation Army (UK Home Office, 2020a). The UK Home Office (2020b) reports that 11,692 individuals were given Positive Conclusive Grounds decisions between the start of 2014 and September 2020. A person who receives a Positive Conclusive Grounds decision is legally recognised by the government as a victim of modern slavery and is afforded certain entitlements to social services. The process of become legally designated as a victim of modern slavery is long and arduous. First, an individual must be referred into the NRM through designated first-responder organisations. First responders include but are not limited to law enforcement, health care trusts, and specific charities (UK Home Office, n.d.) After the referral, an initial decision is offered, indicating a surface level assessment of whether the individual *might* be a survivor of modern slavery. This is called a Reasonable Grounds (RG) decision. Anyone who is assigned a RG decision is entitled to health and social service support while they await a Conclusive Grounds decision (UK Home Office, n.d.). Since the middle of 2017, wait times for a Conclusive Grounds decision have averaged over 1 year (UK Home Office, 2020b). Once a decision is reached, the individual may receive a Positive Conclusive Grounds (PCG) or a Negative Conclusion Grounds (NCG) decision.

The NRM was first established in 2009 to comply with the European Convention on Action Against Trafficking in Human Beings (ECAT) (UK Home Office, 2014). The NRM was first situated within the National Crime Agency (NCA) until the decision-making power changed hands to the Single Competent Authority (SCA) in April 2019 (UK Home Office, 2020). The SCA sits within the Home Office and "responsible for making a conclusive decision on whether, 'on the balance of probabilities', there are sufficient grounds to decide that the individual being considered is a victim of human trafficking or modern slavery" (UK Home Office, 2016, 20). This means that someone only receives a PCG if the SCA believes they have received enough evidence to indicate that the individual is in fact a victim. Those who receive a NCG have not provided enough evidence to convince authorities of their victimhood and is *not* categorised as a victim of modern slavery, although they may request a reconsideration of the decision (UK Home Office, 2021).

A starting point for the estimate of survivors of slavery living in the UK could be the number of survivors who have received PCGs decisions since the start of the NRM. However, the third sector has documented that little is known about what happens to survivors after they leave the NRM and insufficient support is given to survivors (e.g. Ferrell-Schweppenstedde, 2016; British Red Cross, 2018). This estimate is also very unsophisticated, because it only represents legally confirmed victims, and does not account for duplication of individuals. Confirmed victims may repatriate (voluntarily and otherwise), become re-enslaved, seek asylum, or may have died. A vast majority of survivors who go through the NRM process also seek asylum (ATMG, 2013). The number of people with PCG decisions does not accurately represent the total of number of survivors of slavery living in the UK. There are survivors of slavery who do not enter the NRM system or they received a Negative Conclusive Grounds (NCG) decision but are in fact survivors and may still be living in the UK.

1.2.4 Legal status and entitlements

Survivors' legal citizenship status in the UK is determined by many factors. These include: their legal country of birth or nationality, UK legal status at the start and end dates of enslavement, whether the PCG decision came with leave-to-remain entitlements, and decisions from UK Visas and Immigration (UKRI) on asylum applications. While survivors are in the NRM or seeking asylum, they exist in a status called "immigration bail." This is a liminal status where someone is temporarily allowed to stay in the country while government agencies determine whether the person will be granted a more permanent legal status (ATMG, 2013)

Most entitlements due to survivors of slavery are made the legal responsibility of the UK government through Article 12 of the European Convention on Action against Trafficking in Human Beings (ECAT):

> Each Party shall adopt such legislative or other measures as may be necessary to assist victims in their physical, psychological and social recovery. Such assistance shall include at least:
>
> a standards of living capable of ensuring their subsistence, through such measures as: appropriate and secure accommodation, psychological and material assistance;
> b access to emergency medical treatment;
> c translation and interpretation services, when appropriate;
> d counselling and information, in particular as regards their legal rights and the services available to them, in a language that they can understand;
> e assistance to enable their rights and interests to be presented and considered at appropriate stages of criminal proceedings against offenders;
> f access to education for children.

The Anti-Trafficking Monitoring Group (ATMG) was established in 2009 to hold the UK Government to account for the ECAT entitlements (Anti-Slavery International, 2013). The secretariat for the ATMG is Anti-Slavery International (ASI), the oldest anti-slavery organisation in the UK (Anti-Slavery International, 2021). ASI and the ATMG have conducted research on the implementation of ECAT, demonstrating key failures of the UK government to provide these entitlements in full (ATMG, 2013).

The *Modern Slavery Act of 2015* (MSA), although lauded as an international standard for anti-slavery policy, provides minimal stipulations for survivors' after-care. The

MSA created the role of Independent Child Trafficking Advocates (ICTA) to support victims of slavery or human trafficking who are minors. The only other provisions related to survivor support were Sections 49 and 50. “Section 49 requires the Secretary of State to issue guidance about identifying and supporting victims” and “Section 50 gives the Secretary of State the authority to make regulations regarding assistance and support to victims” (Human Trafficking Foundation, 2018). The guidance was developed in haste and published in April 2020, against the advice of the Modern Slavery Strategy and Implementation Group (MSSIG) for Victim Support (Human Trafficking Foundation, 2019).

Most survivor support provisions remain legislated under ECAT, which was incorporated into UK law in April 2009 (UK Parliament, 2012). In January 2020, Lord McColl of Dulwich introduced a Modern Slavery Victim Support Bill with the aim of expanding support services for survivors, but it has only been through a first reading in the House of Lords and a second reading is not yet scheduled (UK Parliament, 2020).

1.2.5 Support Services and Living Conditions

Survivors’ access to public entitlements for social service, and consequently their living conditions, are intertwined with their legal immigration status, whether or not they have entered the NRM, and if in the NRM, at what stage of the decision-making process their individual case resides. Upon receiving a RCG decision, survivors are entitled to a “reflection and recovery period” of 45-days, or until the CG decision is made, in which they receive ECAT entitled support (Human Trafficking Foundation, n.d.). It is important to highlight that survivors receiving support from the NRM are, by and large, waiting for the government process of providing a Conclusive Grounds Decision to unfold. Although survivors are required to participate in the process, through interviews with law enforcement, meeting with lawyers to provide evidence, and regular immigration enforcement checks (UK Home Office, 2021) there is a significant amount of ‘idle’ time. During this time, survivors have very limited access to opportunities to work, volunteer, or pursue education and advancement opportunities due to their lack of legal immigration status (ATMG, 2013; Sophie Hayes Foundation)

Survivors of slavery in NRM may live in safe house accommodation provided by the Victim Care Contract provider, the Salvation Army, or their subcontractors, in Local Authority housing, National Asylum Support Service (NASS) accommodation, private housing alone or with a friend, or they may be homeless. Survivors who are still in the NRM system receive a subsistence payment each week, and the amount has changed several times throughout the course of this thesis due to legal challenges discussed in the previous section. Subsistence payment for those living in NRM accommodation was £65/week (Home Office, 2019c).

The lived experiences of survivors of slavery with regards to their entitlements paints a picture that suggests the UK government is not fulfilling its European Convention mandates. Survivors' compromised living conditions are documented in a letter to the Home Affairs Select Committee (HASC), which I wrote on behalf of Survivor Alliance's United Kingdom Network of survivors. This letter is published as written evidence to the HASC's Inquiry into Modern Slavery and outlines restrictive rules placed on survivors living in NRM and NASS accommodation, poor physical conditions of their accommodation, and a lack of confidence in NRM support providers (Survivor Alliance, 2019). The Anti-Trafficking Monitoring Group (ATMG), chaired by Anti-Slavery International, released a report that demonstrated how survivors were not receiving their entitlement to psychological support (ATMG, 2013). Survivor Alliance members have also shared that access to counselling and psychological assistance requires a long wait of many months, and in one case, up to a year. Members have received an initial intake for counselling support and then experienced their mental health in grave decline during the long wait for service. Survivor Alliance UK (2020) members have also talked about counsellors who are not well trained and whom they have to teach about the realities of slavery and human trafficking. If the individual reported their victimhood in the process of being arrested for a crime, detainment is considered lawful, while government officials determine if the crimes committed while under conditions of modern slavery (ATMG, 2013).

The nature of support and accommodation changes dramatically as soon as a survivor is provided with a CG decision. From 2013-2017, the NRM provided individuals with continued support for 14 days after a PCG decision. In 2017, this was extended to 45 days. In 2019, the law firm Duncan and Lewis launched a legal challenge, on behalf of two survivors of modern slavery, arguing that the 45-day limit on support was unlawful and in breach of the ECAT and the European Trafficking Directive (Duncan and Lewis, 2019). The judgment from the High Court of England and Wales ruled in favour of the survivors and indicated that a time-based limit on support was illegal (NN & LP v Secretary of State for the Home Department, 2019). The Home Office has since implemented a Recovery Needs Assessment (RNA) process that is meant to evaluate the individual support needs of each survivor upon receiving a PCG. Without seeking asylum, survivors must find another way to survive in the world post-enslavement. There are some charities such as the British Red Cross and Hope for Justice who can provide support, but it is highly likely (though not formally documented), that survivors become homeless, work in precarious situations, and live undocumented in the UK.

These specific conditions facing survivors *after* enslavement are critical to understanding the context in which survivors in the UK seek healing, health, and wellbeing. If survivors in the UK face many pragmatic obstacles immediately after exiting enslavement, in what ways does this have an impact on their health and wellbeing? If basic needs such as food and shelter are determined by a government system that many deem unfit for purpose (Henderson, 2018; ECPAT UK, 2018; ATMG, 2014), any individual in that system will be challenged to pursue any other activities of daily life. As described above, for survivors in the UK who are not UK citizens, access to basic health care, mental health support, education, and employment are inextricably linked to legal status. In other words, the UK government has a direct effect on nearly every domain of a survivors' life in the UK. These effects, and the conditions that create them, are important factors to consider as I seek to develop a definition for wellbeing from the perspective of survivors in the UK.

1.3 Why study the wellbeing of survivors of slavery?

In positive psychology, wellbeing is “essentially a theory of uncoerced choice, and its five elements comprise what free people will choose for their own sake” (Seligman, 2011, 16). Martin Seligman (2011), considered a forefather of positive psychology, aptly highlights that wellbeing is for “free people.” He is speaking to what human beings are motivated to do with their lives when they are completely free to choose. In his seminal book *Flourish* (2011), he describes wellbeing as a social construct that “has several measurable elements, each a real thing, each contributing to well-being, *but none defining well-being* [sic]” (Seligman, 2011, 15). In essence, wellbeing itself is not a “real thing”, but it is an academic concept that is constructed by amalgamating five measurable components. For Seligman (2011), these elements are positive emotion, engagement, relationships, meaning, and achievement (PERMA). Wellbeing research in positive psychology has thus focused on identifying, describing, and delineating the elements of wellbeing (Seligman, 2011; Diener, 2000; Ryff, 1995).

As an academic construct, wellbeing is influenced by researchers who define and theorize about wellbeing. This thesis puts to question the construct of wellbeing as it is currently established. This thesis asks, what *is* wellbeing for survivors? It does not ask, what do survivors, once they are free, choose for their own sake? Instead, by asking an open-ended question, there is room to explore whether wellbeing is a different construct all together. As I will demonstrate in Chapter 2, wellbeing literature related to survivors is primarily authored by free people who have never been unfree. In Chapter 3, I will describe how the absence of survivors of slavery in anti-slavery literature leads to the absence of a necessary epistemological lens. This absence is what guides this thesis to investigate the very construct of wellbeing, and not only the purported elements of wellbeing.

In addition to the absence of survivors’ lens in studying wellbeing, the prevailing reason to study the wellbeing of survivors of slavery is to be accountable to our fellow human beings. This moral justification gets to the heart of anti-slavery work, but also to the heart of living in democratic societies. Democracies live by the promise of freedom and human rights for their citizens and for humanity at large. The U.N. Universal Declaration of Human Rights lays this out plainly, stating that among other rights every person “is born free and equal in rights and dignity,” is permitted “life, liberty and security of the person”, and “shall not be held in slavery or servitude” (U.N., 1948). The violence of slavery breaches many human rights. Any intellectual pursuit of understanding slavery and survivors of slavery will bring a researcher into contact with questions about the nature of human beings as well as the nature of being human. In practices of slavery, people who are victimized experience a comprehensive attack on their basic human nature. Central to survivors’ suffering was an attempted erasure of their humanity. Someone who survived this attempted erasure can only have a relationship to their own humanity that is different from those who have not experienced this violence. To be accountable to survivors, we must study their wellbeing for two key reasons.

1.3.1 Survivors are asking

First and foremost, it is important to study wellbeing for survivors because survivors have indicated that their wellbeing is a self-determined priority (Nicholson et al., 2018; U.S. Advisory Council, 2017). In Chapter 2, a literature review will demonstrate the near complete absence of the study of wellbeing in modern slavery studies. This absence will stand in stark contrast to the existence of studies related to the trauma of modern slavery. By focusing on wellbeing, a social construct that currently encompasses positive aspects of a human being, we can rehumanize survivors by shifting the lens through which we view them. Re-humanizing survivors of slavery means to treat survivors as equals, people who have their own visions of wellbeing that may not correspond with the visions of non-survivors – the people who make up the majority of the anti-slavery field and the majority of the wellbeing field. Without similar ideas about what wellbeing is, policy makers and practitioners may design and implement solutions that are not relevant to survivors.

Non-survivors approach freedom from slavery with an unstated assumption: life after slavery is, without question, *better than* life in slavery. For many, it is hard to fathom why this assumption might not be true or why it can be a problematic assumption. If we did not believe that life outside of slavery is better than life in slavery, why would we act to reduce the number of people enslaved? This thesis does take the perspective that life after slavery is inherently better than life in slavery. However, the assumption that life after slavery is better comes with a corollary assumption that is rarely dissected: when a person is no longer subjected to practices of slavery, they are immediately granted with a life that is materially better and worth living. This is hardly true for many survivors of slavery. This corollary assumption is where I take issue. If we believe that survivors will be granted a materially improved life that is worth living when they achieve freedom *from slavery*, anti-slavery efforts will focus solely on ending slavery (as they currently do), and little regard will be paid to the conditions that people face after slavery. Currently, when there is attention given to post-slavery life, the focus is primarily on the damage that slavery causes and not on the relative health or complex lives that survivors sustain in spite of any injuries. If we believe that survivors will benefit from freedom from slavery and that life after enslavement is worth living, we might focus our interventions to ensure that life after slavery mirrors the possibilities of a life worth living that is afforded to anyone who has lived in continuous freedom. This begs the question – what is a life worth living? In anti-slavery research, we have not asked, let alone answered, that question.

Living in freedom after experiencing slavery is fundamentally different from living in continuous freedom. If researchers cannot accept that the lived experiences of survivors (or at least some part of it) may be beyond their capacity to understand, then modern slavery studies will continue to relate to the survivors' experiences as positivists – as if survivors' experiences can be objectively knowable by any scientist provided the right measurement tools and methodologies exist. As a lived-experience researcher, I am explicitly tasked with safeguarding my analysis from projections of my own lived experience. This means that I, too, must question my assumptions. For me, this includes my assumption that life after slavery is better than life in slavery. Instead of determining which state is better, this thesis seeks to understand one aspect of life after slavery – survivors' wellbeing. By understanding survivors' lived experiences of post-slavery wellbeing, I will have empirical evidence from which to inform post-slavery interventions.

1.3.2 We are part of the post-slavery ecosystem

The second reason to study wellbeing is to provide information to key actors in the ecosystem that directly contribute or detract from survivors' wellbeing. Researchers, policy makers, health practitioners and any consumers of modern slavery studies are part of the sociopolitical environment within which survivors exist. From 2003 – 2012, contributing countries to the Organization for Economic Cooperation and Development (OECD) spent $124 million U.S. dollars on anti-trafficking efforts annually, with the anti-slavery global aid budget at less than 1% of all global aid (Ucnikova, 2014). Ucnikova (2014) also indicated that this spending lacked a "globally coordinated strategy" (7). As of 29 January 2021, the Global Modern Slavery Directory listed 2687 organizations "across the globe that address the issue of modern slavery and human trafficking" (Global Modern Slavery Directory, n.d.). Although other social institutions serve survivors of slavery, the complex web of government agencies and NGOs play a vital role. Studying wellbeing will assist key stakeholders to determine where after-care investments are most beneficial. It will also provide information to civil society to help hold political and social institutions accountable to the promises of after-care that are made to survivors of slavery.

1.4 What was my research project and how was the study conducted?

This thesis explored how survivors of slavery understand the construct of wellbeing. The central research question was: How do survivors of slavery define wellbeing? A constructivist grounded theory methodology was used to collect qualitative data with survivors of slavery residing in the UK. Semi-structured interviews were conducted and recorded in person with people over the age of 18 who self-identified as a survivor of slavery. Participant interviews were coded by hand and utilizing NVivo 12 software, utilizing grounded theory methodology. Full details on my research methodology are found in Chapters 3 and 4.

1.5 Significance of this study

On a practical level, *Wellbeing in our own words* contributes to anti-slavery policy and practice. First, through demonstrating that most literature on survivors' health is actually focused on illness, dysfunction, and disease, this study provides an opportunity for researchers to reflect on a key gap in the literature. Confronting this gap will potentially enable researchers and practitioners to engage with, and learn from, other fields of study that went through a shift from deficit-based knowledge to strengths-based knowledge, and then additional shifts to viewing individuals as whole people with complex lived experiences. Second, this thesis aims to qualify as "real social science", where "*real* [sic] social science is when studying the world has the effect of changing it" (Flyvbjerg, et al., 2012, 4). This thesis changes the world through its study by offering a new way to approach wellbeing. A new, process-based definition of wellbeing for survivors of slavery provides a foundation for practitioners to conceptualize survivor wellbeing and hopefully design future programs to address wellbeing. This survivor-informed definition will also enable researchers and practitioners to begin the developing novel wellbeing related outcome measures. At the policy level, reframing the conversation about survivor aftercare from healing injuries to promoting wellbeing can have the potential to influence funding allocation and standards for statutory agencies providing survivor aftercare.

On a methodological level, *Wellbeing in our own words* is a unique contribution to the evolution of modern slavery studies and wellbeing research. In modern slavery studies, this thesis introduces survivor scholarship at a time when the field is beginning to coalesce. Although the field of modern slavery studies arguably began in 1999 with the publication of *Disposable People* (Bales, 1999), it has only recently become a distinct and recognizable academic field with the first *Journal of Modern Slavery* (formerly *Slavery Today Journal*) launching in 2014. Prior to the *Journal of Modern Slavery*, research about slavery was, and still to a large extent is, published predominantly in journals associated with the field of history. It was not until the early 21st century that historians and other fields began to turn their attention to forms of slavery occurring after the 19th century. *Slavery & Abolition*, a respected journal in which many scholars writing about modern slavery publish, boasts an Editorial Board consisting primarily of historians (*Slavery & Abolition,* n.d). Two journals in the related field of human trafficking were also established in the last decade, *Anti-Trafficking Review* in 2012 and *Journal of Human Trafficking* in 2015.

Whether the field of modern slavery studies is now reaching its twentieth year (since 1999) or its fifth year (since 2014), it is time for scholarship to ensure lived experiences play a central role. What I articulate as survivor scholarship in Chapter 9, is a scholarship that can shape and urge the field to pry itself away from being a field of academics who have always known continuous freedom to a field that includes survivors of slavery as scholars. Up until now there have been few survivor scholars of modern slavery. Understandably, a survivor-led research agenda does not currently exist. This thesis will not provide a broad agenda, but it will contribute one survivor-led research study.

As a survivor of slavery, I was able to engage with other survivors in ways that non-survivor scholars cannot. Survivors of slavery are considered a hard to reach and vulnerable population, and research with survivors must be done sensitively and with high levels of ethical integrity. Prior to this thesis project, I have personally been in the roles of the researched and the researcher. Professionally, I have been in the role of reviewing research proposals and granting access to survivors for other research projects. I have witnessed and heard about unethical engagement with survivors and a weariness from survivors to continue to engage with researchers. Although there may be scholars who have not declared their lived experience as survivors, my doing so, and my active use of my lived experience in this study set the stage for my unique contributions. As feminist researchers have taught us, the social position of a researcher influences what she looks for, how and what she sees, how she describes her observations, and the meaning she makes of those observations (Harding, 1992). This thesis is no exception. As a lived experience researcher, my social inquiry is uniquely timed and placed in the development of modern slavery studies.

1.6 Structure of thesis

This thesis asserts that survivors of slavery define *wellbeing as a relational process that enables and sustain practices for answering existential questions about meaning and purpose. The wellbeing practices are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.* I will present this assertion through series of ten chapters. The first four chapters set the stage, providing details of the research design and introducing unique methodological contributions. In Chapter 2, through a systematic rapid literature review, I demonstrate that no criteria currently exist for the wellbeing of survivors of slavery. Chapter 3 introduces *the epistemology of survival*, aiming to shift the reader's frame of reference. The *epistemology of survival* highlights key assumptions that are absent from most anti-slavery literature. These assumptions lead to different research questions, designs, and analytic interpretations of data.I also present my ontology and methodological foundations in standpoint epistemology, Indigenous research methodology, and constructivist grounded theory methodology. In Chapter 4, I describe the research objectives, design, ethical considerations, and provide a detailed account of my data collection and analysis methods.

Chapter 5 details the reflexive methods that I utilised to manage the potential impact my social position would have on the research process. These reflexive methods are standard practice in qualitative research. However, application of these methods in the process of this thesis yielded insights that have the potential to expand and refine standard practices, specifically for lived experience researchers. This chapter will also reassure readers of the trustworthiness of my data, analysis, and findings. In qualitative research, trustworthiness is comparable to the concepts of reliability and validity in quantitative research. There are different approaches to trustworthiness and I will outline the approach that I took in Chapter 5.

The remainder of this thesis presents my key findings, discussion, and implications. In Chapter 6, I present the demographics of the research participants and provide in-depth accounts of the seven theoretical concepts that emerged from grounded theory data analysis. These concepts are relationship-based, time-bound, practices of wellbeing, managing the impact of trauma, building a life worth living, desire to live, and education. In Chapter 7, I construct a definition of wellbeing from the theoretical building blocks presented in Chapter 6 and arrive at the key assertion of this thesis. *Wellbeing for survivors of slavery is a relational process that enables and sustains practices for answering existential questions about meaning and purpose. The practices are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.* A discussion of my findings is offered in Chapter 8, where I highlight the unique contributions of this wellbeing definition and situate it within the broader research on wellbeing. I will also address limitations of the study and conclude with implications and recommendations for policy, practice, and future research. One of the key recommendations of this thesis is to invest in survivor scholarship and I explore this in greater depth in Chapter 9, before I summarise and conclude this doctoral thesis in Chapter 10.

1.7 Chapter Conclusion and Summary

Cathy Caruth, a scholar of the psychological trauma endured by survivors of the Holocaust states, “Trauma is about addressing the question of truth” (1995, 27). In this same line of thought, I submit that researching a topic from the perspective of survivors of trauma, is an act of witnessing our fellow human beings in their process of addressing the question of truth. Currently, anti-slavery researchers face a colossal responsibility – informing and proposing solutions to a centuries old practice of human beings degrading and exploiting their fellow humans. It is no easy feat to confront this truth about our own species, let alone engage in what is described to be a rigorous, methodical, and often detached process – research. Instead of detaching from the reality of slavery, this thesis embraces my lived experience of witnessing and surviving enslavement. Throughout this project, I have employed the skills I gained both during and after enslavement, to the task of establishing a definition of wellbeing sourced from survivors' lived experiences. Through qualitative interviews with survivors of slavery in the UK, I believe that this thesis confronts the lived experiences of survivors as they address a truth about their lives – that they did in fact endure slavery, find a way to exit, and are now faced with living a life imprinted with experiences of enslavement. By harnessing survivor voices and using constructivist grounded theory methodology to develop a definition of wellbeing, this study extends beyond a mere description of survivors' experiences and harnesses their wisdom to inform the social construction of wellbeing for survivors. In the following chapters, I attempt to do justice by my participants and illuminate their contributions to knowledge production.

Chapter 2: Literature Review

Wellbeing remains a contested concept and is defined differently by different academic disciplines. Wellbeing is studied significantly in the fields of philosophy, political science, economics, health sciences, and psychology. Although these disciplines address crossover issues and reference one another to some extent, this chapter will group the various approaches to wellbeing into five general categories. Four of the categories are presented by Schrank and colleagues (2013) as medical, psychological, economic, and integrated. I will add and start with the philosophical approach as a fifth category, as it offers and addresses key theoretical questions that serve as the basis for the other four approaches to wellbeing. I will include more traditional approaches to psychology under the umbrella of the medical approach and describe the field of positive psychology as a separate approach. Although I align myself with the integrated approach to wellbeing and argue that this is the most appropriate approach for my research study, I will also address important critiques of this approach that I carried into my data analysis and findings.

Following the presentation of broad approaches to wellbeing, I narrow in on a body of literature regarding the wellbeing of survivors of slavery. This very limited body of literature was identified through a rapid literature search and review process, which followed systematic review guidelines. The full search and review process is described later in this chapter. The result of the rapid review was that current literature about survivors of slavery do not provide a theoretical definition of wellbeing. In addition, extant literature that *do* address wellbeing concepts displayed key methodological weaknesses or focused on a narrow concept that contributes to overall wellbeing rather than the construct of wellbeing itself. These weaknesses will become clearer later in this chapter. I close this chapter by clarifying where my thesis fits into the wider field of wellbeing literature.

2.1 Approaches to Wellbeing

2.1.1 Philosophical approach to wellbeing

The philosophy of wellbeing covers a breadth and depth of topics that go beyond the scope of this chapter. At the core of the philosophical approach to wellbeing is understanding “which things in and of themselves make someone’s life go better or worse *for them* [sic]” (Fletcher, 2016, 1). In other words, what makes a good life? The questions that concern philosophers involving wellbeing include, but are not limited to: What *is* wellbeing? What role does wellbeing play in someone’s life? What specific things are better or worse for a good life? How does someone attain wellbeing? Do people pursue wellbeing because it is in their best interest or because it is morally good? (Fletcher, 2016). These multitude of questions highlight that the philosophy of wellbeing, in part, also addresses the philosophy of what it means to be human and the nature of human life.

To understand what is in the best interest of an individual human being, philosophers must also explore whether human nature inherently includes a desire to be driven by their best interests, and how these interests are defined. Exploring fundamental human nature is not the focus of this doctoral thesis. However, the theoretical issues that lie beneath the social construct of wellbeing have a direct line to perennial philosophical debates about human nature. Where each academic discipline sits within these debates will influence how wellbeing is operationalized for its pragmatic use in research. In the field of philosophy, operationalization of the concept of wellbeing is not its key objective. The field of philosophy is concerned with the theory of wellbeing – an explanation for wellbeing and how it shapes individual people and our social lives.

Philosophers have explored the theory of wellbeing for centuries and it remains highly debated whether wellbeing is a singular concept at all, or whether it is conflated with other concepts such as happiness or flourishing (Kim, 2016). For those who do accept that is a distinct concept, research questions can be grouped into several sub-categories about wellbeing: morphology, components, causes, and impact of individual differences. Morphological questions address the shape of the concept of wellbeing. Is wellbeing a state of being or a socially constructed concept comprised of many components? Does it follow atomism or holism in its structure? In other words, is it “wholly understood of its proper parts,” or “in terms of the relationships among these parts, or terms of irreducible properties of the whole” (Raibley, 2016, 342). In layman’s terms, is wellbeing the sum of its parts or greater than the sum of its parts? Some philosophers indicate that wellbeing is only present when all components exist whereas others purport that wellbeing can occur with only some factors present (Raibley, 2016).

Research regarding the components of wellbeing embraces wellbeing as a composite of other components and seeks to determine those components. Components of wellbeing include, but are not limited to, physical and mental health (e.g. Schroeder, 2016; Bradburn, 1969), feelings of pleasure (e.g Ryan & Deci, 2001; Bramble, 2016), friendship and relationships (e.g. Pangle, 2003; Jeske, 2016), happiness (e.g. Bradburn, 1969; Bahdwar, 2016), and meaning in life (e.g. Steger et al., 2008; Kauppinen, 2016). Each of these components have been explored in greater depth empirically in disciplines outside of philosophy. Positive psychology (explored further in Section 2.1.4) has embraced the study of wellbeing as its core objective and its empirical studies have also sought to influence theories and philosophy about wellbeing. Philosophical explorations of these components seek to explain the role of each individual component in contributing to a ‘good life’ and explain how the relationships between them also add to a ‘good life’.

Ryan & Deci (2001) describe two strands of wellbeing philosophy that remain dominant: *hedonism and eudaemonism.* The *hedonic* strand of wellbeing equates wellbeing with the pursuit of pleasure and positive feelings. In the hedonic strand, feelings of pleasure are the only component of wellbeing. Friendship and other factors may be instrumental in achieving pleasure, but they are that – an instrumental means to an end. The *eudaemonic* strand emerged from Aristotle’s concept of eudaemonia, where wellbeing is concerned with self-actualisation and alignment with one’s true self *(*Ryan & Deci, 2001). The eudaemonic understanding of wellbeing sees happiness as a transient experience, and wellbeing as a deeper engagement with what it means fulfil one’s human potential (Ryan & Deci, 2001).

This deeper engagement, through relationships and determining meaning in life, enables fulfilment of that human potential and can yield feelings of happiness, but not always.

The *hedonic and eudaemonic* views of wellbeing, though initiated by Greek philosophers and expanded upon by European and Anglo-Saxon researchers, have permeated into modern research in the other four categories of wellbeing that I will address in this chapter. For example, the hedonic strand heavily influenced the origins of positive psychology, which sought to understand what brings people happiness, and the eudaemonic strand influenced challenges to the happiness-based ideas of wellbeing *(*Ryan & Deci, 2001). The eudaemonic strand critiques the idea that happiness equates to wellbeing and emphasises self-determination. Maslow's Hierarchy of Needs (1943) and Ryff's (1995) construct of psychological wellbeing are influenced by the eudaemonic strand of wellbeing (Ryan & Deci, 2001). Some researchers incorporate both eudaemonic and hedonic elements into their wellbeing concepts (Huppert & So, 2013), indicating that wellbeing is about both happiness and self-actualisation.

While the philosophy of wellbeing leaves room for some individual difference, theories of wellbeing aim to generalize across the human population. Do human beings pursue wellbeing simultaneous to other needs, if left to themselves, or do they only pursue wellbeing after other "basic" needs are met? Are basic needs mutually exclusive to wellbeing needs? For this thesis, an additionally relevant set of questions are: To whom? By whose measure? And for what purpose? In Chapter 3, I will discuss how the positionality of the person or people answering these philosophical questions is important to consider. If a philosophical approach to wellbeing seeks to provide a framework from which to understand the key motivations of human beings, it is important that this framework is revealed of any biases that will impede its broad generalization. In the discussion section of this chapter, I will also provide a window of insight into how the major threads in the philosophical approach to wellbeing contain hidden biases that may exclude the perspective of people with lived experience of slavery.

2.1.2. Economic approach to wellbeing

The economic approach to wellbeing places the economy at the centre, and human beings as an aspect of the economy. Thus, the study of the wellbeing of economies brings its own philosophy, theories, and taxonomies. The wellbeing of economies has historically been measured through Gross Domestic Product (GDP) and GDP is then utilized to represent the overall wellbeing of a nation (Osberg and Sharpe, 2010). More recently, the wellbeing of economies is measured through alternative measures such as the Human Development Index (HDI) and Gross National Happiness (GNH) (Natoli and Zuhair, 2011). These measures are concerned with the wellbeing of nations, which aggregates individual wellbeing scores to determine an overall wellbeing score for nation-states (Schrank et al., 2013), or other units of economic analysis, which are not the focus of this thesis. Understanding the wellbeing of a market economy is fundamentally different from understanding the wellbeing of a human being. However, there is a dynamic relationship between people and the economy. GDP per capita, “the average amount of output per person a society produces” (Osberg and Sharpe, 2010, 27), is one way that an economic approach to the wellbeing of *individuals* is conceptualized.

It is important to distinguish an economic *approach* to an individual’s overall wellbeing from an economic approach to individual *economic wellbeing*. In the economic approach to wellbeing, an individual’s economic wellbeing is equated with their overall wellbeing. The relationship between a person and their position in the economy is the primary indicator of an individual’s overall wellbeing. In this case, research has focused on individual levels of poverty, purchasing power, and income (Dasgupta, 1993). To provide a contrast to this, a psychological approach to *individual economic wellbeing* might focus on a person’s relationship to their career or vocation, and a psychological approach to overall individual wellbeing might focus on their subjective experience of happiness.

2.1.3. Medical approach to wellbeing

The medical approach to wellbeing is focused on the biological health of human beings by addressing physical injuries, variations in genetic expression, and curing infections and diseases. The gold standard in medical research is a Randomized Control Trial (RCT), which leads to real world application in medical practice. The use of specialized machinery, tools, and chemical pharmaceuticals are a major component of the medical approach, and medical practitioners are the experts. Experts develop the nomenclature for diseases and injuries, they diagnose people, and provide treatment for patients - the people inflicted with injury who seek their help. Success is achieved by removing or addressing the injury or disease and/or by significantly reducing the physical pain caused by injury or disease. As it will become clear in my rapid literature review on the wellbeing of survivors of slavery, the medical approach to wellbeing conflates health with the absence of being ill (or ‘ill-being’).

The field of mental health developed from within the medical approach and has grown to embrace similar foundations. In mental health, instead of physical illness, the focus is on mental illness. In this section, I include the field of psychology in the medical approach to wellbeing, as it is also concerned with concepts of mental illness. Mental illnesses are defined and categorized in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Disorders (ICD). Psychiatrists treat mental illness in patients, and people are referred to psychologists for longer-term interpersonal interventions via therapy or counselling. The field of psychology has also embraced very biological conceptions of mental illness, as it pertains to pharmaceutical interventions, the genetic and epigenetic basis of mental illnesses (e.g. Kendler, 2013; Nestler et al., 2016), and the role of the brain in psychological processes (e.g. Goodwin, 2016; Seigel, 1999; van der Kolk et al., 2016). Although psychological research has encompassed wellbeing in the last 20 years with the establishment of the field of positive psychology, the positive psychology approach will be discussed separately in the next section.

Overall, the fields of mental health and psychology demonstrate a medical approach to wellbeing through its interest in studying how people deal with the adverse effects of illness and attempt to return to a state prior to illness. It is within this approach that concepts of coping, resilience, and recovery are discussed. It is important to note that the medical approach to wellbeing treats trauma as if it is an illness. When we consider a physical trauma, such as a broken leg, the emphasis is on healing the injured wound, managing pain, and regaining functionality of the leg. When interpersonal or psychological trauma is approached in the same manner, it becomes more difficult to isolate the wound that needs to be healed, to address both the physical and psychological pain that needs to be managed, and to establish or re-establish the functionality that has been impaired or lost. Inherent in this approach to addressing psychological trauma are cultural norms and understandings about what healing looks like and what is deemed appropriate psychological functioning (Gambrill, 2014; Dang and Leyden, 2021). As I provide brief descriptions of coping, resilience, and post-traumatic growth, it is important to keep in mind the cultural assumptions that undergird these concepts.

Coping is defined as “constantly changing cognitive and behavioral [sic] efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus, 1999, 141). Coping is generally considered a positive capacity of any human being, as it allows people to respond to challenging situations. The need for coping and coping strategies depends on the level of a stressor, ranging from mild, to moderate, to the most extreme stressors (Keenan, 2010). Coping is considered to influence wellbeing because coping behaviours are how someone can help themselves experience a better quality of life (Huijts et al., 2012). Resilience also remains a cloudy concept, with ongoing debate regarding its morphology as either an individual trait or a process (Fletcher and Sarkar, 2013). As an individual trait, resilience is a characteristic that some people possess and may have biological substrates (Liu et al., 2018), enabling them to ‘bounce back’ more easily. As a process, resilience is about how people respond to adverse experiences (Luther, Cicchetti, and Becker, 2000; Luthar and Cicchetti, 2000). Typically referred to as an individual capacity, resilience measures how a person “behaviorally manifested social competence, or success at meeting stage-salient developmental tasks” (Luthar and Cicchetti, 2000, 858). The two key components of resilience are adversity and adaptation (Fletcher and Sarkar, 2013). Adversity refers to the negative life experience or obstacle that someone faces, and adaptation refers to the change in behaviour or response to the adversity (Fletcher and Sarkar, 2013). In resilience literature, similar to coping literature, some researchers differentiate between levels of resilience based on the level of adversity experienced.

The final concept related to a medical approach to wellbeing that may be relevant for survivors of slavery is the concept of mental health recovery. Clinical recovery focuses on a medical professional’s assessments of someone’s return to ‘normal’ functioning. It is concerned with symptom alleviation and returning to engagement in ‘normal’ activities of daily life such as employment or living independently without a caretaker (Slade and Wallace, 2012). Personal recovery embraces an individual’s self-defined outcomes for recovery and is subjectively defined. Anthony (1993) defines recovery as a

> deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness (527)

Personal recovery does not necessarily include symptom alleviation as an outcome measure but raises questions related to the philosophical approach to wellbeing, such as what makes life satisfying. The concept of personal recovery was central to the self-help recovery movement that blossomed in the 1990s and led to the creation of 12-Step Groups (Caldwell and White, 1991). It is within the substance abuse and mental health recovery literature that we also hear about rehabilitation (or rehab) and reintegration. Rehabilitation is often focused on the treatment and process of dealing with substance use addiction. Reintegration is referred to when discussing an individual’s return from an institutional setting to the community, such as returning from a psychiatric ward or from a safehouse.

Mental health recovery literature has also developed different models of recovery. The CHIME model of recovery includes Connectedness, Hope and optimism, Identity, Meaning, and Empowerment (Slade and Wallace, 2013). Recovery is also a concept explored in trauma literature, explored with survivors of domestic violence (Landenburger, 1999), survivors of war (Ajdukovic et al., 2013), and survivors of childhood abuse (Herman, 1997), to name a few. Judith Lewis Herman's (1997) seminal book *Trauma and Recovery,* set forth a model for trauma recovery that remains relevant today. In Herman's model of trauma recovery there are three key stages: safety, remembering and mourning, and reconnection. Although presented linearly, Herman emphasizes that people cycle through all the phases and recovery is not a neatly sequential process (1997). The first phase focuses on establishing physical, psychological, and social safety through establishing a sense of control within the survivor (Herman, 1997). The second stage is about telling the story of the traumatic experience to make new meaning, transform its effect on the survivor, and grieve the losses and impact of the trauma (Herman, 1997). The third stage is about "creating a future" (Herman, 1997, 196) and establishing new relationships with oneself and others.

2.1.4. Positive psychology approach to wellbeing

The psychological approach to wellbeing provides overarching theories of wellbeing and subdivides wellbeing into different domains such as psychological wellbeing, social wellbeing, and spiritual wellbeing. Each of these subdivisions will not be addressed in this chapter in depth, but are important to note as concepts within the broader wellbeing literature. A significant body of psychological research on wellbeing centres on two concepts – psychological wellbeing and subjective wellbeing. Spearheaded by the academics who established the subfield of positive psychology, subjective wellbeing seeks to understand how someone assesses their own wellbeing, regardless of what any objective measures of wellbeing might indicate (Diener, 1984). The focus on an individual's self-assessment of wellbeing is framed as an alternative to the medical model's approach, where an expert indicates if someone is well or not well. Positive psychology, articulated as a new field by Seligman (2000), sought to challenge the current focus of psychology "on repairing damage within a disease model of human functioning" (Seligman and Csikszentmihalyi, 2006, 6).

Prior to the introduction of positive psychology, the field of psychology was aligned with the medical approach to wellbeing. Wellbeing was not discussed, but rather conflated with health and assumed to be the result of the absence of illness. Positive psychology articulated that researchers may never understand how people might get better from illness without studying people who are already well (Seligman and Csikszentmihalyi, 2006). They inspired research on “how people’s lives can be most worth living” (Seligman & Csikszentmihalyi, 2006, 6). It is here that we see the overlap with the philosophical approach to wellbeing. In articulating this new field, Seligman (2000, 2011) identifies its historical roots in the philosophy of wellbeing. Briefly mentioned above, the positive psychology approach to wellbeing has incorporated the concepts of *eudaemonia* and *hedonism* into its scientific inquiry. Subjective wellbeing, the first key research concept that emerged in the field of positive psychology, is driven by hedonic conceptualisations of human nature. Recall that hedonism purports that people are driven to feel pleasure. Therefore, the research focus about happiness and what brings people happiness has exploded in the last 20 years through the concept of subjective wellbeing.

Diener (1984) outlines three components of subjective wellbeing, including satisfaction with life, the presence of positive emotions, and a low level of negative emotions. Further research has refined (e.g. Oishi et al., 1999; Diener, Oishi and Tay, 2018; Tay and Diener, 2011) or challenged these components (Ryan & Deci, 2008; Ryff, 1989; Seligman, 2018). Slade and Schrank (2017) provide a comprehensive review of established alternative measurement tools such as the World Health Organization Quality of Life (WHOQOL), Subjective Satisfaction with Life Scale (SSLS), and many others. It is within this concept of subjective wellbeing that one conceptualization of wellbeing for survivors of domestic violence (DV) has been discussed (Sullivan, 2018). Sullivan (2018) offers a conceptual model that embraces “the ultimate goal that [DV] programs are working toward can be described as enhancing survivors’ and their children’s subjective wellbeing or quality of life” (125). Another conceptualization of wellbeing for survivors of DV is called the Five Dimensions of Wellbeing, which include “social connectedness, stability, safety, mastery (control), and access to relevant resources" (Wood et al., 2021). These domains align closely with Carol Ryff's (1995) concept of psychological wellbeing and also crossover with Herman's (1997) concepts of trauma recovery.

Carol Ryff's (1989) theory of psychological wellbeing remains a foundational theory in the literature on psychological wellbeing. Her concept challenges the idea that wellbeing is merely about hedonic pleasure, and instead, follows the eudaemonic approach of wellbeing as self-actualization. Building on theory from developmental psychology, clinical psychology, and mental health research, Ryff (1995) sought to synthesise key theoretical concepts from these fields. In doing so, she emerged with the six dimensions of wellbeing: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth (Ryff, 1989). Self-acceptance is about having positive attitudes towards oneself and positive relations with others is about the ability to have empathetic and loving relationships with others (Ryff, 1989). Autonomy is described as a sense of independence, self-determination, and the ability to be guided by one's internal evaluations rather than to readily be swayed by others (Ryff, 1989). The fifth dimension of environmental mastery places an emphasis on the ability to create external conditions that are most suitable for the individual, or to utilize resources in the existing environment to one's advantage (Ryff, 1989). The final dimension of psychological wellbeing offered by Ryff (1989) is purpose in life. Ryff (1989) describes that someone with a purpose in life is someone who has a direction, a sense of meaning, and goals to pursue. These six dimensions, taken together, compromise what Ryff (1995) calls "theory-guided dimension of well-being" (101). Because Ryff was guided by existing theories within the field of psychology, her theory of psychological wellbeing carried any implicit and embedded biases within each dimension, such as normative biases regarding how human development *should* look.

Within studies of psychological wellbeing, the concept of post-traumatic growth (PTG) emerged to provide a more positive view of people who have suffered from trauma. (Tedeschi and Calhoun, 1996). Rather than emphasize how people respond to traumatic events, or the negative consequence of trauma, PTG looks at the positive effects of trauma on how people perceive themselves, others, and life in general. PTG refers to the “extent to which survivors of traumatic events perceive personal benefits, including changes in perceptions of self, relationships with others, and philosophy of life, accruing from their attempts to cope with trauma and its aftermath” (Tedeschi and Calhoun, 1996, 458). Perceptions of self can change in a positive way because of trauma because people learn to see themselves as capable of overcoming adversity. PTG also recognizes that trauma can have a positive role in valuation of relationships with others. Instead of having the expected effect of heightened distrust in others, PTG highlights that people can increase their trust in others through the process of healing from trauma. Lastly, the third component of PTG is described as a renewed gratitude and wider perspective of life. Having survived a trauma, people demonstrate PTG through establishing a focus on what is most important to them in life. It is important to note that proponents of PTG do not seek to romanticize trauma, but to highlight that people who survive trauma are able to develop in positive ways by coping and dealing with their trauma (Tedeschi and Calhoun, 1996).

Other theories of wellbeing have also developed as alternatives to subjective wellbeing. Oades and Mossman (2012) provide an overview of these existing theories, but here I will focus on one of the most prominent. The PERMA theory of wellbeing gained mass media and public attention with Seligman’s (2011) publication of *Flourish,* and it has become utilised in psychological interventions (Seligman, 2018). Seligman (2011) articulated five elements that comprise wellbeing: Positive emotion, Engagement, Relationships, Meaning, and Achievement (PERMA). Positive emotion goes beyond merely feeling happy and includes feelings of gratitude, hope, optimism, confidence, and satisfaction (Seligman, 2011). Engagement is associated with the concept of “flow”, where someone is so deeply focused on an activity that everything else fades away and their concentration is focused solely on that activity (Seligman, 2011). Relationships is what one might expect, it refers to having positive and trusting relationships with other people (Seligman, 2011). Meaning refers to both a sense of belonging to something and having a purpose that is greater than oneself (Seligman, 2011). The final component of the PERMA theory of wellbeing is achievement. Seligman (2011) goes to great length to describe that many people pursue success and mastery of something for its own sake, not necessarily to achieve meaning or purpose. The PERMA theory of wellbeing describes itself as a theory that provides insight for how to pursue wellbeing, and is not merely a description of the components of wellbeing (Seligman, 2018).

2.1.5 Integrated approach to wellbeing

The integrated wellbeing approach accepts the World Health Organization (WHO) definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organisation,1948). In this definition, the absence of illness itself does not result in health. Health requires the presence of multiple dimensions of wellbeing, “physical, mental and social.” The integrated approach takes positive mental health as a core component of wellbeing and recognizes how “entangled the concepts of well-being and mental health are” (Schrank et al., 2013, 530). Still the concept of mental health, or mental wellbeing, is only one component, and is articulated in the WHO definition as separate from physical and social components of life. My desire to explore the broader concept of wellbeing meant that mental illness, mental health, and mental wellbeing, were too narrow.

The integrated approach to wellbeing, despite its use of a definition for health as its basis, allows room for multiple dimensions of wellbeing. Although it only names physical, mental, and social wellbeing as the dimensions of wellbeing that contribute to health, it does not inherently value one dimension of wellbeing over another. The other approaches, for the understandable reason of narrowing a research question, place an emphasis on a particular dimension of wellbeing. The economic approach focuses on economic wellbeing and the medical approach is concerned with health as the absence of illness. Where the psychological approach to wellbeing intersects with the medical approach, there is emphasis on the absence of pathology and illness. Positive psychology goes beyond a medical approach and allows for subjective wellbeing to include subcomponents, but it specifically does not include economic or physical health. Similarly, psychological wellbeing also allows for multiple dimensions, but leaves out economic and physical wellbeing. Since the integrated approach allows for wellbeing to be about multiple dimensions of life, it provides the most flexibility for this study.

An integrated approach to the concept of wellbeing also allows me to address the philosophical question, what makes for a life for survivors of slavery that is defined by wellbeing? Is a life defined by wellbeing equivalent to what philosophers and positive psychologists consider a "good life"? Or is a life of wellbeing not necessarily a "good life", but a good enough life? This raises two major critiques about current approaches to wellbeing. The first critique is that it assumes that wellbeing is about a good life for oneself and is a desirable outcome that human nature seeks to pursue. Rooted in the philosophical approaches, wellbeing is seen as a 'state of being' that people seek to attain. Implicit in these approaches is a philosophy about human nature, the purpose of human life, and the function of wellbeing in an individual's life and in society. For hedonic theories of wellbeing, the purpose of life is to seek pleasurable feelings. For eudaemonic theories of wellbeing, the purpose of life is to become aligned with one's true self. Neither speak to the function of the human species nor the function of wellbeing. Do we need wellbeing to sustain the human species in a Darwinian sense? Do we need wellbeing to pursue economic growth or to live harmoniously with other humans and species? These particular functions of wellbeing are also individualistic and exclude accounts from collectivist cultures which indicate the purpose of each human life is to contribute to the greater collective (e.g. Martin-Baro, 1996; D'Amato, 2020). When either of these philosophical approaches are embraced and applied in other disciplines that study wellbeing (such as psychology), the implications of tacit assumptions can be overlooked leading to unintended effects on human lives.

One of the implications of wellbeing widely being accepted is that a *desired* outcome is presented as if it *should* be pursued. If current conceptions of wellbeing aim to describe the components of wellbeing, and those components are viewed as the raw materials that 'make the good life,' then research provides a recipe for the good life, and it is the job of humans to find all the ingredients. Wellbeing, thus treated as evidence of attainment of the 'good life', becomes an accepted social norm *and* a prescriptive social norm. Wellbeing becomes a *normative.* On the other hand, if wellbeing is *not* something humans are meant to attain, and not something 'good' to reach, a new perspective is available for the philosophical question 'what makes the good life?'. An alternative perspective might be: What makes a good-enough life? Or, what makes life survivable? Or even, what else might humans seek to attain if it is not the 'good life'? Rather than assume any one conclusion about the nature of human life, this study sought to allow participants to explore the questions of the nature of *their own life*, leaving it to data analysis to reveal any implicit assumptions. And although subjective wellbeing allows for individual assessment of their wellbeing, we have never asked survivors of slavery, what is the life that you are seeking? What does wellbeing mean to you? Is wellbeing really about a "good life" or is it about other things?

The second critique of the current approaches to wellbeing is that seeking the good life is achievable through individual actions. A salient critique of coping and resilience literature is that its emphasis is on the individual to deal with a challenging situation (Hucheon and Laschewicz, 2014), rather than on social institutions to change the situation itself (Smith, 2020; etc). Although coping is generally seen as a positive skill, evidence demonstrates that it can also hide extreme levels of distress in trauma survivors (Smith, 2020). Moreover, at the basis of these concepts is the medical approach, which strictly differentiates between normal and pathological. While useful in many important respects, the medical approach to the concepts of wellbeing and of mental health is extremely value-laden, despite the field's commitment to empirical, unbiased research. The field of medicine has long been critiqued for its concern with illness, rather than health and reinforcing the roles of the expert clinician and the passively sick person (Parsons, 1951). The traditional psychological approach to wellbeing also inherently reaffirms the binary between illness and wellbeing. The focus on wellbeing was not a paradigmatic shift in perspective. It was a shift in which the focus was placed within the existing paradigm, placing illness at one end and wellbeing at the other. In this paradigm, a person cannot coexist on both sides of the continuum at the same time. Someone cannot be simultaneously ill and well.

Additionally, the focus on wellbeing and people who demonstrate wellbeing implies that wellbeing is an achievable outcome for everyone. Failure to achieve the outcome of wellbeing alludes to dysfunction of the individual. People who are not able to achieve wellbeing on their own can be seen as in need of help – paternalistic help. Wellbeing as an achievable outcome also assumes that people have access to the resources needed for the pursuit of the outcome. Access to the necessary resources is not a given for many people in society. Although there is a large body of research on the social determinants of wellbeing that recognizes the effect of poverty, environment, and other factors on wellbeing (Finlay et al., 2010; Clifton et al., 2020), wellbeing measurements remain assigned to individuals. “Failure to recognize how sociocultural contexts frame conceptual definitions of such terms as risk, resilience, and competence can result in faulty assumptions regarding the nature of adversity and resilience for varying populations” (Keenan, 2010, 1039). Rather than measuring how well a community or society is creating positive conditions for wellbeing, wellbeing instruments are used to measure an individual’s wellbeing status.

Existing literature on wellbeing for survivors of other extreme interpersonal traumas provide some guidance to understanding wellbeing for survivors of slavery, but the literature remains scarce. Earlier, I shared that the research for survivors of domestic violence centred on subjective wellbeing with some cross over with theories of psychological wellbeing and trauma recovery. A recent systematic review of wellbeing outcomes for survivors of sexual assault (Lomax & Meyrick, 2020) demonstrated the same incongruence that I identified in the literature about wellbeing for survivors of slavery – wellbeing is associated with the absence of mental illness outcomes such as PTSD, depression and anxiety or the presence of trauma and stress. In a literature review on the wellbeing of survivors of torture (Patel et al., 2014), only two studies were found to utilize any wellbeing measures at all; both used Quality of Life measures (ter Heide et al., 2011; Paunovic & Ost, 2001). In 2017 and 2018 a new metric was developed called the Survivors of Torture – Psychological Wellbeing Index (SOT-PWI), which is "based on theoretical conceptualizations of life domains and capabilities perceived to be essential to both satisfaction and self-realization of adult individuals" (Zajicek-Farber, et al., 2018, 296). The authors of this index have not provided a unique theoretical definition or conceptualization of wellbeing; rather, they are signalling to readers that they have embraced a hybrid approach to wellbeing that encompasses hedonism (i.e. satisfaction) and eudaemonia (i.e self-actualization).

PTG is too narrow of a concept to address the goals of this thesis. Although PTG indicates that it does not seek to romanticize trauma, it has to the potential to romanticize the trauma healing process. The results of coping with and healing from trauma may be positive, but the process itself is notoriously painful and distressing for people who have survived trauma (e.g. Caruth, 1995; Herman, 1997). It can require developing new emotional regulation capacities (Briere, 2002; Schore and Schore, 2008) and remembering and sharing traumatic experiences (Herman, 1997; Briere, 2002), all of which require investment of significant time and financial resources. Hucheon and Laschewicz (2014) have critiqued resilience as a normative concept that is rooted in ableism and effectively marginalizes people with disabilities. Smith (2020) beautifully summarizes the critique in which this thesis is aligned: "It is insufficient, politically and in a phenomenological sense, to use a language of psychological resilience and coping as the reckoning of their suffering. A paradigm shift is necessary" (8).

Smith (2006) articulates this paradigm shift as a research project within indigenous methodologies called reframing. Reframing "of an issue is about making decisions about its parameters, about what is in the foreground, what is in the background, and what shadings or complexities exist within the frame. The project of reframing is related to defining the problem or issue and determining how best to solve that problem" (Smith, 2006,153). Drawing inspiration from indigenous methodologies, this thesis aims to allow me, as a survivor of slavery, to utilize my unique perspective to collect and analyse the lived experiences of survivors of slavery to inform the parameters and complexities of the definition of wellbeing in our words, rather than through the words of others.

2.2 Rapid Literature Review

The aim of this rapid review was to gather and synthesise existing evidence on *any* aspect or dimension of individual wellbeing for survivors of slavery. A scoping review revealed that narrowing the focus on a particular component of wellbeing yielded very little return. Research on survivors of slavery remains limited within health and mental health fields almost 95 years after the ratification of 1926 Slavery Convention (League of Nations, 1926). Survivors are people who are not currently being enslaved and there is as much diversity within a population of survivors as there is in any social category. There can be survivors who have exited slavery but remain in precarious conditions that can lead to re-exploitation, and there can be survivors who are far from the lived realities of their former enslavement and who are now thriving members of society. The population of survivors includes those who engaged with statutory agencies and charitable organisations to exit enslavement as well as those who did not. Most anti-slavery research efforts recruit survivor participants through non-governmental organisations (NGOs), clinical groups, or government social services, limiting the population to people who have formally engaged with services. However, many people who identify as survivors did not come to know of their experiences as slavery until the contemporary anti-slavery movement gained widespread attention and traction. Many survivors have come to identify as such much later in life, and never received services or support to help exit their exploitation. These survivors are very under accounted for and under researched.

Additional research on survivors' needs after exiting exploitation has been called for, including by academics (Bales, 2005; Oram et al., 2012), health and social service practitioners (Katona et al., 2015; Clawson et al., 2009), and survivors (U.S. Advisory Council, 2017). Although the identified needs for survivors after exiting slavery include housing support (Macy & Johns, 2011; Judge et al., 2018); access to legal aid and remedies

(Levy, 2018), and the ability to work (Gill & Cordisco, 2018; Kalayaan, 2019), there is a growing body of research on the health needs of survivors after slavery. Several literature reviews indicate that slavery causes many health problems and consequences (Oram et al., 2012; Hemmings et al., 2016; Ottisova et al., 2016; Pocock et al., 2018; Turner-Moss et al., 2014). These reviews stand out in an underdeveloped area of study, and they provide clear and unassailable evidence of the deleterious health consequences of enslavement. However, a collective focus on diagnosable mental illness, physical ailments, substance use, and medical disease runs the risk of creating a single narrative of survivors as ill or overcome with psychopathology.

The absence of ill-health (i.e. illness) has long been established as insufficient to qualify as health (e.g. Slade, 2010). This literature review begins with the assumption that additional attention to survivors' subjective wellbeing is much needed in health research. There is no doubt that health professionals need to support survivors in addressing slavery's long-term detrimental consequences. However, a focus on 'repairing damage' and ignoring questions about 'how people's lives can be most worth living' neglects a key priority that survivors have expressed: their wellbeing (Nicholson et al., 2018).

The integrated wellbeing approach accepts the World Health Organization (WHO) definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organisation,1948). In this definition, the absence of illness itself does not result in health. Health requires the presence of multiple dimensions of wellbeing, "physical, mental and social." The integrated approach takes positive mental health as a core component of wellbeing and recognizes how "entangled the concepts of well-being and mental health are" (Schrank et al., 2013, 530). Recognizing this entanglement, the aim of this rapid review was to gather and synthesise existing evidence on any aspect or dimension of wellbeing for survivors of slavery.

Even with the WHO definition of health, which promotes the presence of wellbeing, the expectation of the absence of illness remains. The only difference is that someone without illness is no longer considered healthy. An integrated definition of health requires the presence of wellbeing.

2.2.1 Literature Search Methods

In order to compile as much evidence in a short time frame, I conducted a rapid literature review with my thesis supervisors as additional reviewers. A rapid literature review is an "assessment of what is already known about a policy or practice issue, by using systematic review methods to search and critically appraise existing research" and is limited by time restraints (Grant & Booth, 2009). A rapid review is methodical and goes beyond an initial scoping of the literature. This rapid literature review sought to answer two questions:

1. What conceptual definitions for wellbeing are utilized in studies about survivors of slavery?
2. What outcome measures are reported in studies of survivors' wellbeing?

2.2.1.1 Search strategy

Several search strategies were employed. First, the Campbell and Cochrane Libraries were searched to ensure there that a review of this kind did not already exist. Relevant literature reviews were identified, and their citations were hand searched. Simultaneously, modern slavery experts in the field provided input, specifically those who conducted reviews that were unpublished. Five social science and health science databases were searched between April and August 2019: Applied Social Sciences Index and Abstracts (ASSIA), CinAHL, Embase, MedLine, and PsycInfo. The population search terms used were: 'enslaved,' 'slavery,' and 'slave'. The outcome search term was 'wellbeing', 'well-being' and 'well being'. Lastly, key grey literature articles and the *Journal of Modern Slavery* were hand searched. The *Journal of Modern Slavery* was selected because it is the only journal that focuses specifically on slavery in the 21st Century. Other related journals are focused on slavery in the 17th and 18th Centuries or only on human trafficking.

The review identified peer-reviewed literature utilizing the PICO framework that is common in Cochrane-style reviews (Cates et al., 2014). Table 1 outlines the PICO framework established for this review.

Table 1: PICO framework for literature reviews

Population	Survivors of slavery. Due to the breadth of terms related to slavery, and time constraints, only the terms ‘enslaved’, and ‘slave*’ were searched.
Intervention	All intervention types and all study designs were included. Non-RCT studies and qualitative studies were included.
Comparison	If applicable, usual care.
Outcome	Wellbeing. All studies included regardless of results.

The completed search and data extraction process was conducted for one set of search terms, in one database. Then, I discussed the results with two additional reviewers, Dr. Kevin Bales and Dr. Nicola Wright. The process was repeated for each search database to ensure there was agreement on included studies.

2.2.1.2 Inclusion Criteria

This review included articles published in the year 2000 or later, to focus on studies relating to people enslaved in the 20th and 21st centuries. Studies were printed in English but might have come from, or report on, any location in the world. Interventions with adverse effects or no effects were included because the question of interest was not focused on intervention efficacy. Any criteria used by any intervention to measure wellbeing was included. Theoretical papers that did not report any data were also included.

2.2.1.3 Exclusion Criteria

Excluded from the review were doctoral dissertations/theses, reports published or commissioned by government agencies, and non-governmental organization (NGO) reports. In addition, studies were excluded if they reported primarily on prevalence, incidence, identification of victims, and the role of health-related professionals supporting survivors.

Studies were also excluded if the subset data for survivors were not extracted from other participants' data.

2.2.1.4 Selection Process

Inclusion and exclusion criteria were applied to all studies that were found in database searches, expert recommendations, hand searches, and forward and backward referencing. Duplicates were removed from each individual search and the remaining papers were screened for relevance by title and then by abstract. Many sources required an additional text review to determine their eligibility. Reviewers discussed and resolved any discrepancies in selection.

2.2.1.5 Quality Appraisal and Risk of Bias

Due to the rapid nature of this review, there was no formal quality appraisal process. Risk of bias was also addressed by incorporating multiple reviewers and taking detailed notes regarding decisions made, discrepancies resolved, and expert consultations. There is no potential for outcomes-related or intervention-related biases because all outcomes and interventions were included. After any categorization of studies, all data was checked against the original article. This search is knowingly biased toward English language articles due to our inclusion criteria.

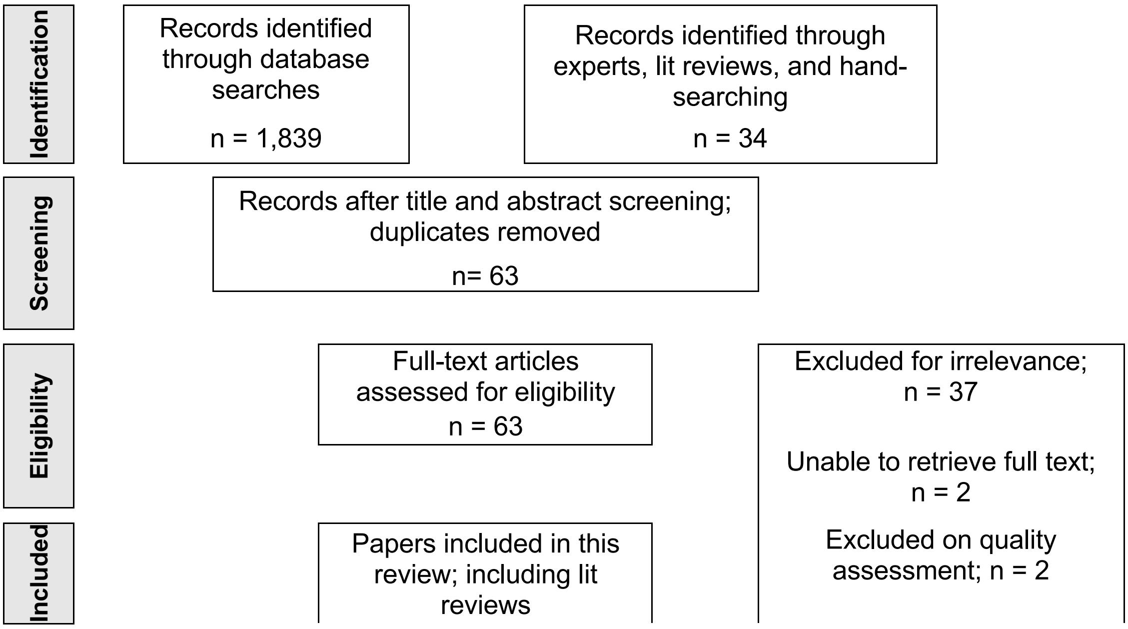
2.2.1.6 Data Extraction, Management and Synthesis

The review used Mendeley reference management software and Microsoft Excel to manage the searches and address duplicates. A hand-written field notebook was kept to document inclusion and exclusion decisions, as well as conversations between reviewers to resolve discrepancies. All included sources received a full text review with a data extraction form (Effective Practice and Organisation of Care, 2013). (See Appendix A). Each reviewer independently tested the data extraction form on the same three articles to ensure consistency across reviewers. The form required the reviewers to re-assess the paper to confirm that it did meet the inclusion criteria. The remainder of the form requests information about the population of study, the study participants, and the methods. In the methods section of the form, the reviewer noted the stated outcomes of interest and the actual outcome measures utilised in each study. Particular attention was paid to outcome measures for wellbeing.

In addition to a flow chart to represent the search process, data is presented below in tables and narrative description. All included literature reviews are in **Table 2** and all included empirical papers are outlined in **Table 3.** The remaining tables and narrative will describe how wellbeing are utilised operationally and conceptually. Operational definitions are revealed through the selected measurement tools that authors chose to use. Below, these measurement tools are referred to as outcome measures (such as the PTSD Symptom Checklist). To understand the papers' conceptual definitions of wellbeing, this review looked at whether a theoretical definition was explicitly provided, and whether that theoretical definition was aligned with the measurement tools selected. For papers that did not provide explicit conceptual definitions, we uncovered implicit definitions that were embedded in the language and vocabulary of each papers' aims, or that were implied by the measurement tools selected.

2.2.2 Literature Review Findings

Figure 1: Flowchart of literature review study selection



Search procedures yielded a total of 1,873 potential papers (**see Figure 1).** After removing duplicates and screening for irrelevant titles and abstracts, 63 articles remained for a full-text review. Full-text review eliminated an additional 43 papers. Twenty sources met all inclusion criteria and passed a full text review (**Tables 2 and 3**).

2.2.1 Literature reviews

Search procedures yielded three literature reviews (**see Table 2**). Although these literature reviews met inclusion criteria because of their stated interests in mental health, none of them included wellbeing specific outcome measures. The objectives of the reviews focused on identification and prevalence of mental health problems, in addition to problems in other dimensions such as physical, sexual, and occupational health. The mental health outcomes that emerged from the reviews focused on: Post-traumatic Stress Disorder (PTSD) and/or measurement of psychological symptoms. Absent formal diagnoses by professionals,

Table 2: Included literature reviews

Reference	**Objective**	**Key Findings**	**Wellbeing Measures Included?**
Oram et al., 2012	Investigates prevalence and risk of violence while trafficked, and prevalence and risk of physical, mental, and sexual health problems.	All studies focused on girls and women, and trafficking for sexual exploitation; high level of physical and sexual violence experienced; high prevalence of problems with mental health, sexual health, and physical health.	No
Ottisova et al., 2016	Same as above; this review is an update of Oram et al., 2012	Most studies are still about women and girls; high level of physical and sexual violence experienced; high prevalence of problems with mental health, sexual health, and physical health.	No
Pocock et al., 2016	Evidence on occupational, physical health, sexual health, mental health among migrant seafarers from Greater Mekong Subregion.	Eleven studies focused on sexual health, nine on occupational or physical health, one on mental health.	No

studies in the three reviews measured symptoms of depression and anxiety and indicated whether survivors' scores reached diagnostic thresholds. Because mental health is a key component of an integrated approach to wellbeing (Schrank et al., 2013), these reviews contribute to an assessment of mental health. However, the reviews also demonstrate that mental health outcomes for survivors are focused on measuring the deleterious effects of slavery on mental health.

2.2.2 Empirical Papers

Table 3: Included Empirical Papers

Ref #	Author(s) and Year	Type of Slavery	Sample*^	Country	Wellbeing Measure(s) Included?
1	Gray, Luna & Seegobin (2012)	Sex trafficking	n=23; women and girls	Cambodia	Yes
2	Haydocy, Yotebieng & Norris (2015)	Restavek	n=248; children, boys and girls	Haiti	Yes
3	Ibrahim et al. (2018)	Sexual slavery	n=65; women and 17-year-old girls	Iraq	Yes
4	Kiss et al. (2015)	Human trafficking; forced labour	n=1102; men, women, and children**	Cambodia, Thailand, Vietnam	No
5	Mohindra et al. (2010)	Debt bondage	n=14; adult men	India	No
6	Muftić & Finn (2013)	Sex trafficking	n=30; adult women	United States	No
7	O'Brien, White & Rizo (2017)	Domestic minor sex trafficking	n=38, children, boys and girls	United States	Yes
8	Okech et al. (2018)	Human trafficking	n=144; adult women	Ghana	Yes
9	Park et al. (2016)	Sexual slavery referred to as 'comfort women'	n=16; adult women	South Korea	No
10	Pham, Vinck, Stover (2009)	Forced conscription	n=2867, adult men and women	Uganda	No
11	Pocock et al. (2018)	Human trafficking	n= 275; adult males and children	Thailand & Cambodia	No
12	Taylor & Usborne (2010)	Chattel slavery	N/A - Theoretical Paper		No
13	Tsai, L. (2017)	Sex trafficking	n=30; adult women	Philippines	Yes
14	Tsutsumi et al. (2008)	Human trafficking	n=164; women and girls	Nepal	No
15	Wang et al. (2016)	Restavek	n=38; children, boys and girls	Haiti	Yes
16	Zimmerman et al. (2003)	Human trafficking	n=28; women and adolescent girls	Albania, Italy, Netherlands, Thailand, & UK	No
17	Zimmerman et al. (2008)	Human trafficking	n=192; women and girls	Belgium, Bulgaria, Czech Republic, Italy, Moldova, Ukraine, & UK	No

* All studies reporting sex appeared to use the binary male/female sex categories. There were no indicators of recognizing other sexes.
** Data for children was provided on aggregate and was not broken down by sex or gender.
^ Children are under the age of 18.

The remaining seventeen papers are represented in Table 3 and assigned a Reference Number from 1-17 for ease of in-text citations. Where sources are directly quoted or referenced, standard APA in-text citations are included. Of the seventeen, fourteen reported on primary research conducted by its authors [Reference #s: 1, 3 - 6, 8 - 11, 13 - 17]; two analysed secondary data [2, 7]; and one is a theoretical paper [12]. Of all papers reporting on specific studies, over 50% defined their population of study through trafficking (human trafficking or sex trafficking), one used the concept of chattel slavery [12], and two used sexual slavery [3, 9]. The remaining papers were about forced conscription [10], the *restavek* system [2, 15], and debt bondage [5]. Papers provided data about both adults and children most frequently (41%), followed by adults only (35%), and children only (18%). Studies providing data on both adults and children were typically studies about ‘women and girls.’ When studies focused on the broader category of children, male and female sexes were included [2, 7, 11, 15]. There was only one paper solely focused on adult men [5], which mirrors the lack of studies on male survivors that was found in the literature reviews included in this search (Oram et al., 2012; Ottisova et al., 2016).

2.2.3 Wellbeing measures and concepts

Seven of the included papers used wellbeing measures **(see Table 4).** Three had the intention to study wellbeing directly [7, 8, 13] and the other four measured aspects of wellbeing in order to determine if those aspects had significant effects on psychological symptoms [1, 3, 10, 15]. Of the three that studied wellbeing as the primary issue, only one paper provided a conceptual definition [8]. Okech et al. (2018) defined economic wellbeing by using the Consumer Financial Protection Bureau (2015) definition: “as a state of being wherein a person can fully meet current and on-going financial obligations, can feel secure in their financial future, and is able to make choices that allow them to enjoy life.” In order to measure economic wellbeing, Okech et al. (2018) used financial capability as a proxy concept, and provided a definition for this as well: ‘the ability to use individual – as well as institutional-level resources to make decisions that are in the interest of one's general economic well-being' (125). As a result, they chose to use the World Bank Financial Capability Scale, citing that research has demonstrated financial wellbeing increases with financial capability (Okech et al., 2018).

Table 4: Wellbeing measures and concepts from included literature

Paper	Outcome Measure	Wellbeing Related Concept
8	World Bank Financial Capability	Economic wellbeing
12	Self-reported income and expenses per month for 4 months	
6	National Survey of Child and Adolescent Well-Being (NSCAW II)	Wellbeing
1	Resilience Scales for Children and Adolescents (RSCA)	Resilience
2	Short questionnaire with 4-point Likert scale	Perceived social rejection
9	Three-item questionnaire about social relationships	Social wellbeing
15	Brief RCOPE	Spiritual struggles

The other two studies that indicated they were investigating wellbeing did not provide definitions for the concept [7, 13]. Instead, implicit definitions were revealed through the measures that were chosen. Child well-being was measured by four indicators provided in the National Survey of Child and Adolescent Well-Being II (NSCAW II), a U.S. survey of children who were legally under the care of government-controlled child welfare institutions (O'Brien et al., 2017). The four indicators selected were "child behaviour problems, substance abuse, trauma, and perceived life expectancy" (O'Brien et al., 2017, 268). These measures reflect an assumption that wellbeing is defined by the absence of behaviour problems, substance abuse, and trauma. They are not aligned with an integrated approach to wellbeing, which requires more than the absence of disease or infirmity. Although life expectancy can potentially represent the presence of wellbeing, the paper provides no insight or information into how this might be the case. Similarly, wellbeing was not explicitly defined in a study focused on the role that survivors play in their family's economic wellbeing

(Tsai, 2017). Tsai (2017) uses economic and financial wellbeing interchangeably and measured through self-reported income and expenses in a four-month period. Results of the self-report indicated whether survivors and their families earned enough to pay for their family's basic needs. It is this – the presence of enough income for basic needs – that becomes the implicit definition of financial wellbeing. Even with this implicitly defined concept of financial wellbeing, the paper does not provide information about what was considered enough income. Although the paper does outline the roles that survivors play in their family's financial situation – as financial managers, income earners, or dependents – there is not clear data on whether survivors' families had enough income for their basic needs (Tsai, 2017). The paper does indicate that when survivors served as the financial manager, their families were more likely to live above the poverty line (Tsai, 2017). The poverty line may provide a broader picture of the families' financial status but, again, does not indicate whether survivors' families had enough income for their basic needs.

The four remaining papers out of the seven that incorporated wellbeing measures, focused on measuring aspects of wellbeing to determine if there was an impact on psychological symptoms. The four aspects of wellbeing were social relationships [10], resilience [1], perceived social rejection [3], and spiritual struggle [15]. The paper on social relationships did not provide a conceptual definition or enough detail about its measurement tool used to assess social relationships [10]. Readers are left to intuit that the authors are defining and measuring social relationships as the existence of any relationships and the quality of them. Gray et al. (2012) focused on resilience as defined by Luther et al. (2000) : "resilience refers a dynamic process encompassing positive adaptation within the context of significant adversity" (2) and Gray et al. (2012) report on two associated resilience concepts, mastery and relatedness. These concepts appear to align with the measurement tool selected, the Resilience Scales for Children and Adolescents (RSCA). The paper on perceived social rejection [3], defined the concept through its opposite. Perceived social rejection was defined as lacking in "the manner and extent to which people in the social community acknowledge the survivor's experiences of violence" (Ibrahim, et al., 2018, 2). Based on the Likert-scale questions provided in Ibrahim et al. (2018), the questionnaire also appears to adequately align with the concepts it was intended to measure. Lastly, spiritual struggle was conceptually defined in two ways. Borrowing from Wortmann et al. (2011, as cited in Wang et al., 2016), it was defined as "negative religious cognitions about the self, God, and the world that provide maladaptive explanations about the cause of, responsibility for, and/or future implications of traumatic events" (227). Additionally, the definition was expanded to "encompass divine conflicts over spiritual matters with God/Higher Power, inner conflicts about spirituality or religion, and interpersonal conflicts with family members, friends, clergy, community members, or the larger culture concerning matters relating to spirituality or religion" (Wang et al., 2016, 231). Both these definitions closely aligned with the Likert-scale questions included in the selected measurement tool, the Brief RCOPE. Although the aim of three studies [1,3, 15] were to determine if aspects of wellbeing have significant effects on psychological symptoms, they provided conceptual definitions for what they were interested in studying and selected measurement tools that appear closely aligned. These authors clearly differentiated between wellbeing concepts and tools from psychological concepts and measurement tools.

Two additional papers deserve mentioning at this stage. One paper intended to study child wellbeing, but did not provide a conceptual definition, nor did their instruments measure wellbeing (Haydocy, Yotebieng, and Norris, 2015). The proxy measures selected for wellbeing reveal an implicit definition that wellbeing is primarily represented by the absence of illness or injury. Wellbeing was considered to comprise of "four factors important to child development: education, physical abuse, labour, and hunger" (Haydocy et.al, 2015, 43). Using secondary data gathered as part of the 2012 Haitian Demographic and Health Survey (DHS), the authors assert that each factor is a sufficient proxy for the wellbeing of children who are trapped in the *restavek* system. The tools used to measure each factor included school enrolment, physical abuse, type of child labour, and frequency of hunger (Haydocy et al., 2015). School enrolment was measured by whether or not a child was reported as "enrolled at any point during the 2011-2012 school year" (Haydocy et al., 2015, 44). Children who were enrolled but only attended one day of school would be considered enrolled. There were no other measures used to evaluate education. Measuring enrolment in school at any point in time in a school year, regardless of whether a child attended school, is an insufficient measure for education level. The paper does not make it clear how school enrolment indicates general wellbeing. Frequency of physical abuse, the level of intensity of child labour, and how often a child went hungry, were reported by an adult in the household, rather than the child enslaved as a *restavek*. This is a significant limitation to data provided by the DHS because the survey respondent could have been the slave master of the child, with motivations to minimize the evidence of the child's suffering. Even if the data was reported by a child in the *restavek* system, the absence of hunger does not indicate the presence of wellbeing.

The final paper that addresses wellbeing directly provides a clear conceptual definition for psychological wellbeing but does not provide any measurement tools (Taylor and Usborne, 2010). The paper was not intended to measure wellbeing, but to provide a theoretical basis for wellbeing. The authors "argue that a clear collective identity is associated with a clear personal identity, and that, by extension, a clear personal identity is the basis for the development of personal self-esteem and psychological well-being" (Taylor and Usborne, 2010, 98). They build on social identity theory to shed light on the importance of a collective identity for personal wellbeing (Taylor and Usborne, 2010). Rather than conceptualise individual psychological wellbeing as only an issue related to personal identity and personal self-esteem, the authors suggest that for groups that experience collective trauma, such as indigenous groups or African-Americans, it is important to address the injuries they have suffered to their collective identity (Taylor and Usborne, 2010). This theoretical paper does not provide outcome measures for their concept of psychological wellbeing, nor does it provide data on a sample set. However, it does make a clear assertion that a "psychologically healthy person would be someone who has a clearly defined personal and collective identity, along with a positively balanced personal and collective esteem" (Taylor and Usborne, 2010, 95). This definition is aligned with the WHO definition of health, where health is more than the absence of illness. By defining psychological health and outlining the key components of psychological wellbeing, Taylor and Usborne (2010) provide insight into what might be possible, beyond concentrating on diagnosable psychological disorders.

2.2.4 Mental health concepts and outcome measures

Having discussed three literature reviews and seven empirical papers that studied wellbeing outcomes, we now turn to the remaining ten papers. These ten remaining papers focused on mental health concepts and measurement tools (**see Table 5).** Additionally, two of the papers that studied wellbeing outcomes included mental health concepts and outcome measures because they were interested in how wellbeing concepts affected mental health measures. Eight out of the twelve papers that reported on mental health utilised a version of the PTSD Symptom Checklist from the Harvard Trauma Questionnaire or a version of the Hopkins Symptom Checklist for depression and anxiety [1, 3, 4, 7, 10, 11, 14, 15].

Table 5: Mental health concepts and measures

Mental Health Concepts	Measures	Papers that Used the Measure
Post-Traumatic Stress Disorder (PTSD)	PTSD Checklist-Civilian Version (PCL-C)	10, 14
	Harvard Trauma Questionnaire for PTSD	4, 11
	Child PTSD Symptom Scale	15
	PTSD Checklist for DSM-5	3
Depression and/or anxiety	John Hopkins Depression Symptom Checklist (HSC)	1, 3, 4, 10, 11, 14
	Child Behavior Checklist (CBCL);	7
Experiences of abuse, trauma & violence	War and Adversity Exposure Checklist	3
	Enslavement trauma scale	3
	Miller Abuse Physical Symptom and Injury Scale	11, 17
	Exposure to Traumatic Events and War Crimes	10
	Self-report of trauma	9
Self-assessed health	Binary variable for experiencing poor self-assessed health	11
	Binary variable for experiencing 3 or more areas of pain	11
	Self-reported health problems	5, 6, 15

	Self-reported perceptions of health risks and consequences	40

These checklists indicate threshold values for a likely diagnosis of PTSD, depression, or anxiety disorders. Although some of these eight papers also included other measures, the PTSD and depression and anxiety measures provide a picture of survivors' mental ill-health. As demonstrated earlier (Table 4), some of these papers studied the impact that an aspect of wellbeing could have on PTSD and psychological symptoms. Only two papers excluded psychometric tests all together [5, 6]. The remaining tools included were self-assessed health, War and Adversity Exposure Checklist [3], Miller Abuse Physical Symptom and Injury Scale [11, 17], an Enslavement trauma scale [3] and Exposure to Traumatic Events and War Crimes designed by the papers' authors. A total of six papers included self-assessed health [5, 6, 7, 9, 11, 16]. Taking a closer look at the self-assessment tools, they are focused on poor health [11], problems [5, 6, 9], risks [16], pain [11], and health consequences [16]. There were no papers that included well-established measurements for subjective wellbeing.

In all the studies reporting on mental health as an aspect of wellbeing, none provided a conceptual definition for mental health. The conceptual definitions are implied through the measurement tools selected. Table 5 organises the measurement tools into four main conceptual categories offered by these studies: PTSD, depression and anxiety, experiences of abuse and violence, and self-assessed health. These categories indicate an assumption that mental health is defined through diagnosis of mental disorders, the extent of violence suffered, and self-assessed poor health. One of these papers did provide a definition for health (Zimmerman et al., 2003), citing the WHO definition for health that is aligned with an integrated approach to wellbeing. Citing this definition alerts readers to understand that the authors consider mental health as one component of overall health. As the authors intended, the paper reported on health problems and health consequences (Zimmerman et al., 2003). The study provides information on mental health in the same ways that the other papers do – through presenting a picture of mental distress. Instead of assessing mental distress through psychometric measures, the authors provide survivors' self-reported perceptions of mental health risks and consequences (Zimmerman et al., 2003). In the same study, Zimmerman et al. (2003) inquire about the social wellbeing of survivors, but this dimension was excluded from the review because it pertained to social wellbeing during “the period that a woman is put to work and her labour is exploited” (45) rather than wellbeing post-exploitation.

2.2.3. Alignment of Concepts and Measures

Most included sources in this literature review (80%) did not have full alignment between its stated wellbeing concept, its definition for the concept, and the measurement tools selected to assess the concept. There are many permutations of misalignment that are possible. Park et al. (2016) stated its interest in wellbeing as a concept, provided no definition for wellbeing, and asked its study participants to provide self-reported mental health problems. Tsutsumi et al. (2008) indicated its focus on mental health, rated participants based on common mental health measures, but provided no definition for mental health. Instead of providing results for every permutation of misalignment, **Table 6** highlights some the key components many included sources overlooked.

Out of the twenty papers that met inclusion criteria for this literature review on the wellbeing of survivors of slavery, 80% did not provide a clear theoretical definition for wellbeing. Of the studies that reported on mental health none cite a definition. Mental health measures were present in two-thirds of included sources, and wellbeing measures in only one-third.

Table 6: Frequency of all concept definitions and outcome measures (n=20)

	Percent of all included sources
Wellbeing, or an aspect, clearly defined	20%
Mental health clearly defined	0%
Wellbeing measures included	30%
Mental health measures included	65%
No measures included	5%

Full alignment was found in only four sources [1, 3, 8, 15]. The wellbeing concepts included resilience [1], spiritual struggle [15], economic wellbeing [8], and perceived social rejection [3]. As reported earlier in this literature review, resilience, spiritual struggle, and economic wellbeing were explicitly defined by their authors. Perceived social rejection was defined by its converse, leaving some room to argue that it remains inadequately defined. Perceived social rejection was also measured by a short questionnaire developed by the source authors, whereas resilience, spiritual struggle, and economic wellbeing were measured with validated instruments. Not a single source defined the general concept of wellbeing, although one source did provide a theoretical definition for psychological wellbeing [12]. Also discussed earlier, one source provided the WHO definition for health [16], which aligns with an integrated approach to wellbeing.

2.2.4 Positionality of Authors

In all twenty sources included this review, none of the authors self-identified as a person with lived experience of slavery. Although there is the potential that an author did not disclose their status as a person with lived experience, it is a widely accepted assumption that peer reviewed authors in this field are *not* survivors of slavery. In addition, sources included in this review did not include any evidence or discussion about potential positionality biases, and none of the articles explicated methodology that included lived experience expertise. Although some papers did request survivors' self-assessed measures of health, this is different from requesting survivors' input into the research design, data collection, analysis, and interpretation.

2.3 Discussion

The goal of this rapid literature review was to gather and synthesise existing evidence on the wellbeing of survivors of slavery and to situate it within the broader literature of wellbeing. Specifically, the review was interested in determining the conceptual definitions of wellbeing and the wellbeing outcome measures reported when studying survivors of modern slavery. Results indicate that there is no overall conceptual definition for the wellbeing of survivors of slavery. There is one comprehensive theory of psychological wellbeing (Taylor & Usborne, 2010), a definition for economic wellbeing, and three other components of wellbeing addressed: resilience, spiritual struggles, and perceived social rejection. The studies about spiritual struggles and perceived social rejection stand out among the other concepts of PTSD and depression; however, the studies focused on the effects of these dimensions on psychological symptoms. There were no studies that discussed the possibilities of the presence of multiple wellbeing dimensions, which is a key aspect of an integrated approach to wellbeing. Rather than focusing on the presence of all three dimensions of wellbeing, "physical, social and mental wellbeing" (World Health Organisation, 1948), most papers concentrated on mental health concepts, doing so without providing any theoretical underpinnings or definitions to their concepts. These papers aligned with the medical approach to wellbeing, where mental health was conflated with wellbeing, without any theoretical justification for doing so. This review also revealed a stark absence of references to existing concepts of wellbeing established by positive psychology.

As described earlier, there are at least five approaches to wellbeing research: medical, psychological, economic, and integrated (Schrank et al, 2013). Anti-slavery literature does not consciously embrace a specific approach nor interrogate it for its potential use. Rather, it continues to blindly follow the medical approach and conflate wellbeing with the absence of illness. The psychological and integrated approaches to wellbeing provide the most useful insights to studying wellbeing of survivors of slavery and yet remain absent in anti-slavery literature. As a result, there is no theoretical foundation for understanding how to approach wellbeing for survivors. Given the absence of a theoretical foundation, it is not surprising that this review found no consistent measure for survivors' wellbeing. Among the twenty studies included in this rapid review (17 papers, 3 literature reviews), four validated measurement tools were used: World Bank Financial Capability Scale, Resilience Scales for Children and Adolescents (RASC), Religious Coping (RCOPE), and National Survey of Child and Adolescent Well-Being (NSCAW II). Each of these tools were used in single studies, focused on a specific population context. Financial capability was studied in trafficked women and girls in Ghana (Okech et al., 2018), resilience studied in Cambodian youth survivors of trafficking in commercial sex (Gray et al., 2012), religious coping with youth who survived the *restavek* system in Haiti (Wang et al., 2016), and mastery and relatedness measured with the NSCAW II for trafficked youth who went through child welfare institutions in the United States (O'Brien et al., 2017). Each of these studies were also embedded into existing interventions run by government or charitable organisations. There has been no attempt to replicate them and no academic conversation among authors to contribute to a larger discussion about wellbeing for survivors of slavery.

The most common outcome measures from all included studies and literature reviews focused on mental illness and trauma – measuring PTSD, depression, and experiences of abuse and violence. Through these measures, authors intended to illustrate the status of survivors' psychological wellbeing, despite presenting evidence of psychological damage. This indicates a conflation between mental health, mental illness, and psychological wellbeing with wellbeing. The integrated approach recognizes that mental health and wellbeing are intertwined, but still maintains these as separate concepts (Keyes and Martin, 2017). Zero studies assessed survivors for subjective wellbeing (Diener, 2000), psychological wellbeing (Ryff, 1995), or overall mental health (Keyes, 2002). The Mental Health Continuum Long Form (MHC-LF) and Short Form (MHC-SF) was never mentioned, even though it is "based on a tripartite conception of mental health as emotional wellbeing, psychological wellbeing, and social wellbeing" (Keyes and Martin, 2017, 87). The results of the MHC identify respondents in one of three categories of mental health: languishing, moderately mentally healthy, or flourishing. Someone flourishing is measured "to be filled with positive emotion and functioning well psychologically and socially" (Keyes, 2002). The MHC recognises that someone may have a mental illness diagnoses *and also* possess mental health. Anti-slavery literature does not yet recognise this potential and continues to conflate mental health with mental illness. Despite the inclusion of wellbeing terminology, existing literature on survivors neglects existing wellbeing constructs and wellbeing construct measurements.

Finally, from the lack of identification of any authors' positionality as a survivor, I feel warranted to default to a widely held assumption: the authors of anti-slavery peer reviewed journal articles are not survivors. Without asking every author whether they have lived experience of enslavement, this assumption is difficult to prove with any certainty. And I want to be clear that I am not urging anyone to self-disclose their lived experiences if they do not desire to do so. However, I am drawing our attention to the fact that anti-slavery literature does not include a social norm of questioning whether one's positionality as someone who has lived in continuous freedom has adverse effects on research outputs. Not all anti-slavery literature is qualitative in nature, and it is more common in qualitative research to engage in reflexivity. Yet, as I briefly touched on in Chapter 1, all social constructs are infused with social meaning and political agendas. In Chapter 3, I also describe how social constructions that exclude key perspectives of those affected by the construct are epistemologically incomplete. Research that does not explicitly incorporate lived experience expertise into research design, and only collects data from people with lived experience has its important and unique role to play. However, lived experience constructions of social constructs, in this case wellbeing, also have an important role to play.

This doctoral study is interested in developing the concepts directly from survivors' lived experiences and understanding the hierarchies or relationships that are embedded in survivors' conceptualization of wellbeing. Current approaches have already established the key concepts, subdivisions, and categories that are deemed relevant to wellbeing. There are established theoretical relationships and hierarchies with regards to the different concepts such as coping, resilience, recovery, meaning, post-traumatic growth, and so on. I have chosen to investigate the social construct of wellbeing because the dearth of anti-slavery literature on wellbeing provides ample room to impact the initial conceptualizations of wellbeing in this field. Although lessons can be drawn from the existing literature and five approaches to wellbeing, this thesis did not approach data collection and analysis with a starting definition or theory. I utilize a constructivist grounded theory methodology to attempt to wipe the slate clean and avoid starting from existing socially informed definitions. Although I cannot fully bracket my social experience, I will be explicit and reflexive about how they are affecting this new definition. Constructivist grounded theory allows me to examine the data through inductive coding methods, rather than impose a specific lens through theoretical coding. It is only in the discussion of my findings that I compare the theoretical concepts from my study to existing concepts.

As demonstrated through this literature review, there are numerous concepts related to wellbeing – happiness, resilience, coping, recovery, psychological wellbeing, post-traumatic growth, etc. The reason I have chosen the broad concept of wellbeing rather than focus on any specific component is because I did not want to assume that any specific component might be a component that survivors of slavery identify as part of their own wellbeing. By keeping the concept more general, I can more aptly pursue the research agenda of "reframing", and create the boundaries, foreground, background, and nuances that will feature in my survivor-informed definition of wellbeing.

2.4 Limitations

There are three key limitations of this literature review. The first is that my broad overview of the many disciplines of wellbeing did not lend itself to provide much depth in all disciplines. Each discipline has a wealth of wellbeing literature that is worthy of its own literature review but that was beyond the scope of this chapter. The second limitation is that the rapid review did not look at how individuals in each sample were identified as survivors. Because many samples were drawn from populations engaging in social services, it can be reasonably assumed that survivors met an institutional definition, as assessed by a social service provider. This organization-led categorization of people as survivors might mean that most included studies are biased towards people who have access to formal post-trafficking support programs and services.

The final limitation is that authors did not search related terms for slavery, such as human trafficking, forced labour, and debt bondage. This may have resulted in missed studies that are not categorised as somehow related to slavery. However, the findings of this review indicate that only searching ‘slavery and wellbeing’ still yielded papers on human trafficking and other related phenomena.

2.5 Chapter Summary

The field of wellbeing spans multiple disciplines, and the literature base ranges from Greek philosophers to present day neuroscientists. Wellbeing remains a contested concept and there are numerous approaches to the study of wellbeing. The start of this chapter provided an overview of the philosophical, economic, medical, psychological, and integrated approaches to wellbeing. These descriptions were followed with critiques about the approaches and how they fall short for the task at hand in this thesis. The remainder of the chapter provided a rapid review of existing literature on wellbeing for survivors of slavery.

Although this rapid review produced 20 articles that addressed wellbeing or some aspect of wellbeing for survivors, none of them referenced existing theories of wellbeing. There is theoretical confusion and conflation among the concepts of psychological wellbeing, health, mental health, and general wellbeing. This confusion is amplified by the fact that an integrated approach to wellbeing uses the WHO definition of health. In addition, mental health is commonly a study of mental ill-health, rather than the existence of positive psychological functioning. The focus of mental health research on mental ill-health is not unique to the population of survivors of slavery. The emphasis on studying psychological damage is ubiquitous in medical and mental health research (Slade, 2010). Despite this focus on mental illness of survivors, there is a surprising lack of engagement with mental health recovery literature. In this literature, conversations about subjective wellbeing become more frequent.

This review also demonstrated a gap in alignment between theoretical concepts and measurement tools. Where there was no explicit theory, theoretical assumptions were deduced from measurement tools. The primarily assumption was that mental health is the absence of a mental illness diagnosis, or at best, effective management of symptoms. This gap is also not unique for studying survivors of slavery. In a recent systematic review of subjective wellbeing measures, Linton et al. (2016) highlighted “Authors were rarely explicit about how existing theories had influenced the design of their tools; however, the 2 most referenced theories were Diener’s model of subjective well-being and the WHO definition of health” (1).

The absence of anti-slavery literature that explores survivors’ wellbeing through existing wellbeing constructs is notable. To fill this gap, a direct application of existing wellbeing constructs to the population of survivors might be warranted. However, as I discussed earlier, there are assumptions embedded in wellbeing research that are tacitly accepted and often overlooked. The assumptions are unlikely to be relevant for survivors of slavery; or, at the very least, they need to be questioned rather than blindly accepted. Studying illness and identifying those studies as such is one thing. It is another to label those studies as wellbeing research. Conflating the two will likely lead to pathologizing survivors of slavery. If all the evidence we have on a population is evidence of ill-health, we become accustomed to describing that population as ill. We would continue to search for evidence of illness and enforce a negative image of the population. This review provides evidence that it is time for studies of survivors of slavery to focus on wellbeing and that there is a need for a survivor informed definition of wellbeing.

Chapter 3: Ontology, Epistemology and Methodology

Critiques of the underlying assumptions about wellbeing emanate directly from my own lived experiences as a survivor of slavery. Before presenting the rest of my thesis, it is important for me to outline the role that my lived experience was intended to have on my thesis project. One of the motivations for this thesis was a recurring observation I had as a professional in the anti-slavery field. The observation was that people who had never been enslaved regularly discussed and portrayed freedom from slavery with an unstated assumption: that life after slavery is, without question, *better than* life in slavery. This observation led me to identify a key epistemological difference between people who have never been enslaved and people who have been enslaved. In this chapter, I will discuss this epistemological difference and demonstrate how this difference influences my approach to this project. The chapter will conclude with an overview of Indigenous Research Methodology and Constructivist Grounded Theory Methodology, both of which inform my research design.

First, I want to be clear that I, too, believe that life after slavery *can be* better than life in slavery. I imagine that very few people will argue that freedom from slavery is not better than living in slavery. However, anti-slavery literature has rarely interrogated the idea of freedom. Freedom itself, is a socially constructed idea, and its definition has been contested by philosophers for centuries. For survivors of slavery, freedom (specifically freedom from slavery), is not merely philosophical. The loss of freedom from slavery is a lived experience. Academics have written much about the loss of freedom in slavery, but little is written about the experience of freedom *after* slavery (Nicholson et al., 2018) or depicted the realities of what Murphy (2019) calls the “not yet freedom narrative” (70), a life in freedom from slavery that is still far from full access to rights and entitlements that any researcher would deem an expected part of freedom (such as access to legal counsel). The assumption of the utopian experience of freedom from slavery leads anti-slavery leaders to puzzle over why people stay in situations of enslavement, or for those who exit slavery, why they go back or end up re-enslaved. What is missing from the conversation is not merely the voices of survivors of slavery, but the assumptions and social constructions about slavery and freedom that survivors live by.

In this thesis, the word freedom will be used to represent negative freedom, understood as “the absence of constraint” (Milne, 1968, 141), rather than a broad and general concept of freedom. Because of the enormity of the philosophical task of defining freedom, let alone defining freedom after slavery, this thesis focuses on a concept that is commonly understood as a component of freedom: wellbeing. As demonstrated in the previous chapter, academic literature on survivors of slavery does not focus on wellbeing, but rather on mental illness. It is unclear why this lack of focus on wellbeing exists, but survivors of slavery are calling for this emphasis in order to ensure delivery of services that governments and NGOs are promising them: ‘rehabilitation’ (U.S. Advisory Council on Human Trafficking, 2016). Currently, survivors are revealing and speaking out about the lack of adequate post-slavery recovery support. Many are indicating that the anti-slavery field has not been able to focus on recovery for survivors of slavery because we are only invested in the *idea* of wellbeing, rather than the lived experiences of wellbeing and how a person achieves wellbeing after slavery. In the words of one survivor, “They just want to rescue us, but they’ll leave us to die after” (C. Adeyemi[1], personal communication, July 27, 2018). The anti-slavery field is often invested in knowing that we have attempted to give people a life free from slavery, but we are not concerned with ensuring that life is one that is better than a life in slavery, or that the potential for re-enslavement is removed.

This thesis starts from the point of view that because existing definitions of wellbeing have not been shaped by survivors of slavery, existing definitions are unlikely to be applicable to survivors. This thesis is invested in re-constructing the idea of wellbeing so that it reflects the lived realities of survivors. By developing a definition from the perspective of survivors, I hope to infuse the assumptions that survivors have about wellbeing into the definition of

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[1] Name was changed to protect the identity of the individual.

wellbeing. These assumptions raise questions about the philosophical approach of anti-slavery researchers. Rarely does anti-slavery literature question or reveal its ontological and epistemological foundations, leaving them unstated and tacitly assumed. This next section will describe my own ontological and epistemological assumptions, introduce the *epistemology of survival,* and highlight the differences to current research.

3.1 Ontology

Central to this thesis is the ontological assumption that human beings experience the world indirectly (Chalmers, 1982). Unmediated access to the world is impossible because the world is not outside of us. We are of the world, shaping, naming, constructing, and reconstructing it with the other human beings around us. In the philosophy of social science research, this ontological position places this study between interpretivism and positivism. This thesis embraces a critical realist ontology because it examines survivors' 'subjective' (i.e. mediated) experience of the world, with an 'objective' (i.e. observable and socially agreed upon) reality of slavery, and seeks to utilize survivors' experiences to change their social reality (Benton and Craib, 2001).

This thesis does not question the reality of slavery in our global society. However, it does acknowledge that slavery is a contested global concept (as discussed in Chapter 1). My ontological position suggests that the world is knowable, but we know the world through our social relationships. We can only know the world through concepts that are socially constructed and accepted (Winch, 1958), but we know these in our subjective and interpreted ways. We have the capacity to create our realities in our own minds and then construct these realities outside of our minds. For example, race is a social construction which we have created in our minds, but we have constructed race (and racism) in the world outside of our minds through individual and social practices. Thus, race and racism are both real *and* socially constructed. Because the 'real-ities' we create are from socially constructed concepts, we are co-creating realities and collaboratively validating or rejecting these realities through our conversations with one another.

One method for these conversations to either validate or reject realities is research. Academic institutions, as the primary engine for research, not only validate or reject realities, they are central in creating realities and influencing what society deems as real or true. Academic institutions have created this binary between real/objective and not-real/subjective. This binary has been created by the (socially constructed) division between positivism and interpretivism. Positivism indicates that we know the world through observation and that these observations are neutral. Observations and measurements of these observations allow us to induce facts. Traditional inductivists assume that facts are independent of theory (Chalmers, 1982). The key criticism of inductivists is that every scientist brings theoretical assumptions to their work (Chalmers, 1982). Although post-positivists accept that facts are theory-dependent and historically placed (Chalmers, 1982) they still operate with an underlying assumption that it is possible to know the world and to measure and report these facts as truths. Traditional interpretivists take the opposite extreme from positivists. Where positivists argue for universal truths, interpretivists argue for subjective truths, leading to a perspective that knowledge is not generalizable but specific to context and setting and how the actors in that setting subjectively interpret their actions (Schutz, 1953).

My ontological position suggests that a researcher does not have to fall into a mutually exclusive position of either positivism or interpretivism. My ontology frames the world as knowable, and equally, that we know the world through our social relationships – through socially constructed realities. Critical realism describes this as a stratified reality, consisting of three layers outlined by Roy Bhaskar as real, actual, and empirical (Benton and Craib, 2001,124-125). Complicating semantic matters, the ‘real’ layer is the knowable world that we strive to understand but is ultimately untouchable; the ‘actual’ layer is the world that we can reproduce through experiments but that may not be observable to the human eye; and the ‘empirical’ layer is the world of observable events (Benton and Craib, 2001, 125). With this terminology, we cannot know the ‘real’ world in its purest form, and we cannot know if we know the world in its purest forms. But we *can* know whether our experience of reality (our interpretations of reality), are similar to what other people experience (and interpret) as reality. These experiences are demonstrated in the ‘actual’ and ‘empirical’ layers of reality. Because of this stratified reality, critical realists accept that knowledge is developed as a social process (Benton and Craib, 2001). How people engage and interpret the different layers of reality, communicate that to one another and prove it to one another, shapes what we then understand is Truth. If a a majority of people experience a particular reality, then that reality is likely to become seen as an Objective reality, or capital T Truth.

These socially constructed Objective Facts and Truths are actually lower-case objective facts and truths, because we can never experience the world fully. At the same time, because we live in a socially constructed world together as human beings, whether or not objective facts are Objective Facts is often beside the point. What is to the point is that we *believe* and *behave* as if they are Objective Facts. Taking again the example of race, it is not true that humans are biologically or anthropologically divided into racial categories, but it is true that we have created racial categories and treated each other based on these divisions. We know it is true through the lived experiences of people who have experienced these divisions. Although we can never know if race is True, and thus it is a truth, race might as well be treated as Truth because we have constructed a world in which we live as if race is True. If we do not treat discrimination based on race as Truth, then we are denying the lived experiences millions of people who are subjected to racism. If we treat racism as merely subjective truths, we deny our collective responsibility to address its harmful effects. Similarly, if we treat the wellbeing or lack of wellbeing of survivors of slavery as subjective experiences, we deny our collective construction of the idea of wellbeing.

With the reality of slavery unquestioned, this thesis questions how people experience their lives after slavery, particularly how people experience the socially constructed idea of wellbeing. My thesis explicitly engages in the politics of knowledge production in order to contribute new evidence that will shift the current Truth about wellbeing. I hypothesize that defining wellbeing from the experiences and perspectives of survivors of slavery, will allow the people most impacted by slavery to shape the social construct of wellbeing. Shaping the social construct that the greater society accepts as Truth, will hopefully change the behaviours of policy makers and practitioners to ensure improvement in post-slavery provisions of rights and social services.

3.2 Epistemology of Survival

Defining wellbeing from the experiences of survivors of slavery is important because key theoretical assumptions held by non-survivors of slavery are difficult to uncover, even by the most reflexive interpretivist, qualitative researchers. As a survivor of modern slavery, I enter this project explicitly from the position of a someone who was formerly enslaved. My position allows me to question the assumptions of non-survivor researchers, which can lead to new interpretations of research questions, data, and analysis. I also enter this project as a qualitative researcher who consciously sustains a practice of reflexivity. My reflexivity about qualitative research has led me to observe that a fundamental assumption that non-survivor researchers fail to recognize is an assumption embedded in most research epistemology. *Most epistemologies assume that knowledge is developed in an existential state of freedom, by people who have never been enslaved.*

Researchers who have always lived in the state of freedom from slavery, who then study slavery, are researching a phenomenon that is not known to them via lived experience. Their research must then be a process to understand the experience of slavery. For example, to define and interrogate its sociological, psychological, and economic elements. Research is an activity to learn *to know* slavery, and this assumes that a researcher *can know* the experience of slavery without experiencing slavery. This thesis assumes that a non-survivor of slavery *cannot know* slavery, but they can describe their interpretation of the experiences of slavery. Knowledge, and research as an activity which produces knowledge, is incomplete when it excludes the people who experience a phenomenon from sharing what they know about the phenomenon from lived experience.

A core assumption of this thesis is that human beings know through our lived experiences. How we know what we know, our epistemology, is through our lived experiences. Even the most sensitive slavery scholars who try to describe slavery from the perspective of survivors of slavery, bring theoretical assumptions from their lived experiences of freedom, to their interpretations of survivors' perspectives. Stated another way, free people must bring the assumptions of a free person, to their attempts to understand the assumptions of enslaved people. Research undertaken from the assumed theoretical position of freedom may not need to be concerned with the implications of this assumption on research about the experiences of other people in freedom. Research undertaken about slavery with this assumed position should at least be concerned with how the researcher's assumptions of freedom might have an impact on data collection and findings.

Since knowledge is assumed to be developed in a state of freedom, research epistemology also brings assumptions of freedom when questioning the knowledge of people who are or were enslaved. A second uninterrogated assumption of both qualitative and quantitative research, is the assumption that knowledge is created for the purpose of representing truth (a subjective reality) or Truth (an objective reality). Quantitative social science researchers seek knowledge for the sake of explaining what is real, or to positivists, what is True – a universal True nature of reality. Qualitative social science attempts to understand multiple truths, how humans as social beings experience the nature of reality through their subjective meaning-making and subjective interpretations of the world. For survivors of slavery, the condition of slavery requires that the purpose of knowledge is to deny truth and Truth. The knowledge that survivors of slavery developed while being enslaved, had to be in the service of survival, rather than in the service of truth.

An external reality of the threat of death, requires survivors of slavery to reject, or at minimum obfuscate, reality and hold on to knowledge that most people would agree is untrue. While being enslaved, people must deny reality and construct a fantasy world, one in which they can survive. What I am calling an **epistemology of survival,** is an epistemology in which knowledge is neither an objective truth about the outside world, nor a subjective experience that is only relevant to one individual. Any individual in the experience of slavery would know the same knowledge. For example, a survivor’s subjective experience of the knowledge ‘I am worthless’ is not objectively true. Although they may subjectively experience this as true, this experience is not singularly unique to them. It is not merely subjective truth because it is knowledge acquired and required by the objective social condition external to the individual. It is knowledge gained in slavery, rather than knowledge gained through cognitive and rational assessment of reality. I am suggesting that knowledge can be a constructed fantasy of a world, where fictional beliefs are experienced as reality. Refraining from creating a reality from fantasy would otherwise cause death. The lived experience of slavery creates the condition where knowledge is not in the service of what is real and true. Knowledge is in the service of survival.

Without this understanding of the epistemology of survival, research by non-survivors who seek to understand survivors’ realities may be prone to ask, ‘Why are these people not seeing the truth?’. The problem with this question is that it presumes that ‘seeing the truth’ is a possibility for someone who was enslaved, and that avoidance of the truth is inexplicable or inaccurate. As a survivor of slavery, I do not presume that ‘seeing the truth’ was possible for every survivor. I know from lived experience, and my theoretical assumptions tell me, that avoidance of truth is functional and necessary. Additionally, I know from lived experience that continued avoidance of some truths remain necessary *after* exiting slavery, even when most people assume that there is no longer a need to maintain false beliefs for the sake of survival. Survivors themselves might cognitively and rationally understand some new truths, but they might not be able emotionally grasp these truths and integrate them into behavioural change. Survivors’ ability to question the veracity of their truths, is also affected by how they perceive any current threats of death or harm, even if an objective external threat of death or harm, by anyone’s measure, is removed.

Not all survivors of slavery may have been required to obscure all objective truths of their situation while they were enslaved. Also, not every survivor may have faced an objective threat of death. In spite of this, I suggest that the *epistemology of survival* can still be in operation in those situations. Allow me to present this argument through a hypothetical situation. Take for example a person who is able to hold the realities of their enslavement. In this situation, we'll assume that they can hold their own innocence, they recognise that they are used only for profit, and they are aware they have no means for leaving the situation. Now let's imagine what it would take to remain in their enslavement while holding one of these truths. Let's say the person knows that it wasn't their fault for being enslaved, and they wake up to the condition of being required to mine quarries for rocks. They know that they can't leave. The person could refuse to stop mining for rocks. Let's say they do not receive any punishment for refusing to work. They are still fed, they are not physically or sexually abused, and they are left alone. Let's even imagine that they are reassured they will not be punished if they try to leave, but they would have to leave on their own two feet, with no means of communication, no income, no food, and no awareness of where they are located. What should they do? If they stay, for some reassurance of food that will keep them physically alive, what will be required of the person psychologically to stay in the condition of enslavement?

My answer to that question is a conjecture. However, I am suggesting that the person will have to adjust their expectations of ever having a life outside of that situation. They may explain to themselves that they chose this condition of enslavement, because technically the doors are unlocked, and they can leave. They would also need to find a way to be content with having nothing to do all day, every day, for an undermined amount of time. And if we consider this situation with the reality of slavery that most of us are aware, one that is includes violence, threats of death to self or family members, physical abuse, punishments, poor living conditions and the rest, we can imagine that additional psychological adaptations would be required to sustain living in enslavement. These adaptations are what I am referring to as the basis of the *epistemology of survival* – knowledge that is developed or gained, in order to survive the experience of enslavement. And if that person somehow happens to exit enslavement and become the survivor of slavery who is now participating in research, they will likely bring information to share with us that was developed to cope with the situation of enslavement. The knowledge they have to share with a researcher that *is not* based upon the experience of enslavement will depend on how many years of post-enslavement experience that person has acquired, what the person's experiences have been in life after slavery, and what the person's experiences were prior to slavery.

The presentation of this example is intended to illuminate that anti-slavery researchers who have not been enslaved, who are creating knowledge about slavery and post-slavery lives of survivors, will not naturally (by virtue of their lack of lived experience of enslavement) bring to the research process a grasp of the potential for epistemological differences of survivors of slavery. Here, I am arguing that there *is* an epistemological difference. However, even if that is not accepted as fact, it is important that anti-slavery researchers at minimum, hold the possibility for this difference. I am also suggesting that this difference in epistemology is fundamentally difficult for researchers to anticipate, expect, or even become aware of, because we live in a world where the majority of people have not been enslaved. It is rare that a researcher is someone with lived experience of enslavement and will have already developed a perspective from the epistemological standpoint of someone who has been enslaved.

3.3 Standpoint Epistemology

The reader may now accurately assume that this thesis takes a standpoint epistemology. A researcher's social position (i.e. standpoint) has an impact on how and what they see, what questions they ask, what data they collect, their interpretations of data, and what they do with their data. Standpoint epistemology became well known in the 1960s, established by feminist researchers who were tired of having primarily male researchers dominate academic research**.** The feminist critique was not merely an argument for self-determination, where women would research 'women's issues'. Rather, standpoint feminism argued that "the activities of those at the bottom of such social hierarchies can provide starting points for thought – for everyone's research and scholarship – from which humans' relations with each other and the natural world can become visible" (Harding, 1993, 54). Women, and other marginalized communities, bring different assumptions and perspectives into their inquiry than those that men bring. These feminist standpoints provide input that enhances *all knowledge*. Though not all feminist scholars agree on this point, some standpoint feminists sought to move beyond knowledge that is validated merely by positionality (Hekman, 1997). What they wanted people to understand is that *all knowledge* is socially situated by the positionality of the researcher. Recognition of these social positions is essential to recognizing the strengths and limitations of their knowledge claims.

The *epistemology of survival* highlights that most knowledge about slavery has come from the position of the never enslaved person. As a consequence, knowledge about slavery is lacking key information and remains further away from Truth, than researchers may think. By adding additional truths about slavery from the perspective of survivors, the socially constructed Truth about slavery will likely shift. It is important for me to clarify that an *epistemology of survival* does not argue that survivors of slavery possess epistemic privilege. Epistemic privilege claims that "subjects located at the social margins have an epistemic advantage over those located in the social center [sic]" (Bar On, 1993, 85). Although survivors of slavery are a marginalized group, I am not arguing that survivors of slavery can know slavery *better* than non-survivors. Nor am I arguing that survivors of slavery can know slavery to its fullest. My ontology remains interpretivist - survivors of slavery cannot experience the world unmediated or directly, any more than non-survivors can. However, the mediated experience of survivors of slavery must be different from non-survivors' mediated experience. Stating the obvious, every person experiences the same phenomena differently.

Both survivors of slavery and non-survivors have a limit to how much they can know the experience of slavery. Social science research can study whether individuals in a group with one or more shared characteristics (survivors of slavery), have similar experiences to each other, and different experiences from a group of individuals who do not have the same shared characteristic as they do (non-survivors). For non-survivors, their knowledge is limited through the lived experience of studying slavery from the outside looking in. For survivors of slavery, their knowledge is limited by the experience of being on the inside, looking out. After survivors exit slavery, they can also look at their own experiences in hindsight and engage in sense-making. Self-reflection while in freedom allows survivors to have knowledge that is developed by looking back at their experiences of slavery. Survivors' experiences of looking back will be informed by their experiences of having been on the inside.

While survivors do not have an advantage in access to all knowledge about slavery, they do have advantage in accessing particular knowledge about slavery – knowledge that can only be gained by living through slavery. This is where my research sits. When survivors exit slavery, their external reality changes. Specifically, the threat of death and violence are removed. Academic research about survivors' experiences after slavery typically focuses on the effects that threat of death, violence, and exploitation, had on them physically, economically, socially, and psychologically. As discussed in my literature review, the psychological focus emphasizes psychological harm and adverse effects. PTSD, depression, and anxiety are stated as the key mental health diagnosis of survivors (e.g. Oram et al., 2012). These diagnoses indicate that survivors' lived experiences post-slavery, and thus their knowledge, is shaped by mental illness, and a medical conception of their experiences.

My research aims to understand what survivors know through their new lived experiences. Particularly, what do survivors think about wellbeing? Do survivors have a concept of wellbeing at all? If so, where does it come from and what does it include or exclude? If not, why not and what do they talk about instead of wellbeing? And most importantly, what do survivors' knowledge about wellbeing, tell us about what they might need in their post-slavery journey to wellbeing? Since knowledge no longer needs to be in service of survival, what causes the shift in survivors' knowledge, from knowledge acquired in slavery to new knowledge acquired in freedom from slavery? If we can illuminate the factors that cause this shift and listen to how survivors of slavery acquire and articulate their new knowledge, we will likely reveal crucial elements of the recovery and healing process from enslavement. These elements have the potential to improve the capacity of non-survivors to empathize and to approach fully *knowing* slavery. Standpoint epistemology is not about who can fully know a phenomenon more than any other person; rather, it is about who possesses or lacks the privilege of controlling and participating in the means of knowledge production.

3.4 Research Methodology

The methodology best suited for my ontology, epistemology, and research aims is a Constructivist Grounded Theory Methodology (C-GTM) that is also informed by Indigenous Research Methodologies. Both methodologies require the researcher to interrogate the theoretical assumptions behind their facts and to promote knowledge development from the lived experiences of real people. Because Indigenous Research Methodologies are less well-known in qualitative research (Smith, 2006), and Grounded Theory Methodology is often misrepresented and misunderstood (Charmaz, 2007), I will provide a summary of their key tenets.

3.4.1 Indigenous Research Methodology

Pioneered by Linda Tuhiwai Smith (2006) and built on foundations of feminist methodologies, Indigenous Research Methodology emphasizes that indigenous researchers bring fundamentally different assumptions to the activity of research. Two key assumptions of Indigenous researchers are (1) research must have a social justice purpose and (2) research from members within a community is different from research from without (Smith, 2006). The assumption that research must have a social justice aim was developed in reaction to the Western research that was objectifying, and even violent. Research in Indigenous communities was regularly a practice of colonialization and dehumanization (Smith, 2006), conducted only by outsiders of the indigenous community (Smith, 2006). In opposition to the Western view that research was benevolent and virtuous, research was seen by the indigenous community as something to be feared. Engaging in research meant engaging in a Western activity that causes harm and does not value the epistemologies of indigenous people. Indigenous people have fought back against harmful research by taking up the task of Western research, and ‘decolonizing methodologies’ to find their own way to approach inquiry about their community and the world. “ ‘Decolonization’, however, does not mean and has not meant a total rejection of all theory or research or Western knowledge. Rather, it is about centring our concerns and world views and then coming to know and understand theory and research from our own perspectives and for our own purposes” (Smith, 2006, 39).

Built into Indigenous methodologies is also the assumption that Indigenous researchers from the inside were providing different types of research than research from outside members. Instead of being the researched population, Indigenous people became the researchers, developing the knowledge base about their own community. Indigenous research has a clear aim of altering the power relations in knowledge production (Smith, 2006). Indigenous research was not for the sake of curiosity, or for a drive to ‘know’ the entire world and stake claim to this knowledge. Research became a means of helping to save the existence of Indigenous communities (Smith, 2006). As insiders, indigenous researchers have a different approach (i.e. methodology) because their research has different objectives. Research for the sake of avoiding annihilation is profoundly different from research for the sake of describing and understanding (Smith, 2006).

One key indigenous research project was introduced to the reader in Chapter 2, which is called “reframing”. Reframing is when social phenomena, typically studied by members outside of the social group, are studied by members inside of the group (Smith, 2006). When insiders study phenomena in their own social group, their theoretical assumptions may lead to different methods. My thesis takes a similar approach. As a survivor of slavery, someone who is often researched upon, I now take the position of the researcher. There are few self-identified survivors of modern slavery conducting academic research on the issue of modern slavery (Countryman-Roswrum & DiLollo, 2016;

Rosenblatt, 2014) and the voices of survivors of slavery primarily enter the realm of academia through analysis of their narratives and public accounts (e.g. Murphy, 2019; Murray, 2020). By being a survivor of slavery researching slavery, not only do I operate from a different standpoint epistemology, I operate from a different methodology than most researchers on modern slavery.

My methodology brings the assumption that research should include the researched population in the design process and serve a social justice purpose. Survivors of modern slavery drove the research question for this study and guided me to use the term 'wellbeing' instead of mental health. I also discussed the research project with non-survivor anti-slavery professionals prior to initiating the study. Both groups expressed support for the project and anticipated its potential relevance to their daily lives and professional practice. Survivors of slavery and mental health colleagues also provided input into the interview guide and data collection process, which helped to ensure that this study lives up to my community's hope for relevant research.

My research methodology is also for my own sense of humanity. My engagement with a wider research community allows me to be in conversation with non-survivor researchers of slavery. It allows me to utilize my lived experiences as a starting point for understanding the experiences of my fellow survivors, and to attempt to articulate the lived experiences of survivors into mainstream academia. As such, my research includes a personal, social, and political desire to re-present the experiences of survivors of slavery. When survivors of slavery (and all humans) can see accurate representations of ourselves in the external world, we can also feel witnessed and our humanity recognized. Moving beyond objects of research or recipients of interventions, my research methodology places survivor voices at the centre of the knowledge production process. Survivors' lived experiences will inform the development of a wellbeing definition. More than providing a detailed description of survivor experiences, this thesis draws upon survivor voices to establish theoretical foundations for a wellbeing definition.

3.4.2 Constructivist Grounded Theory Methodology

Before describing the fit of C-GTM for this thesis, it is important to acknowledge the difference between a definition and a social theory. Social theory is what sociologists named "grand theory" (Mills, C.W, 2000), a "general framework that aims to establish an entity (or set of entities), a methodology, or an approach, as a (holistic) principle through which the social world can be understood" (Jedlička, 2020, 176). Theories are broad and sweeping claims about the social world, attempting to serve as generalizations that apply across settings and time periods (Jedlička, 2020). Because of their stated attempts to generalize widely, theories especially invite interrogation or further examination by other researchers. However, definitions of social constructs also require further examination, because they contain theoretical assumptions and are infused with meaning (Stone, 2012). C.W. Mills (2000) highlights the social nature of defining terms stating, "when we define a word, we are merely inviting others to use it as we would like it to be used; the purpose of definition is to focus argument upon fact, and that the proper result of good definition is to transform argument over terms into disagreements about facts, and thus open arguments to further inquiry" (34). Definitions are typically seen as objective descriptions of an object or social phenomenon, but as the C.W. Mills quote illustrates, they represent an argument for how a term could be used.

This thesis provides a definition of wellbeing, not a theory, but the definition is grounded in the experiences of sixteen survivors of slavery living in the UK between 2018-2020. These experiences are treated as more than subjective, individual accounts. They are treated, as is factual lived experiences from which theory can be derived.

Although the definition presented by this thesis will fall very short of a grand theory, it attempts to provide a definition that will enable what Thomas Merton called 'middle-range' theory (Oktay, 2012). Merton's concept of 'middle-range theory' (Oktay, 2012) critiques 'grand theories' for being disconnected from lived experiences and providing broad explanations without requisite evidence to justify those explanations (Covan, 2007). For

Merton, ‘middle-range theory’ provides explanations for social processes by abstracting from data collected about real life situations. However, in order to provide an explanation for a social process, there must be a distinct social process that needs an explanation. I submit that it is only when a survivor-informed definition of wellbeing exists, that a survivor-informed ‘middle-range theory’ of survivor wellbeing can be developed. This task of theorizing is beyond the scope of this thesis, but after presenting and discussing the survivor informed wellbeing definition that emerged from my findings in Chapter 8, I will share some initial thoughts that can contribute to future theorizing. Additionally, as I have described my ontology and epistemology as one that accepts facts are theory-laden, C-GTM provided the appropriate methodological tools to develop theoretical categories for a definition of wellbeing.

Misunderstandings about Grounded Theory Methodology are rampant, its evolution and divergence into several strands regularly neglected (Bryant & Charmaz, 2007a). Although Barney Glaser and Anselm Strauss published their seminal work, *Discovery of Grounded Theory* in 1967, Grounded Theory did not become well known until the late 20th century, just shortly after Glaser and Strauss took the methodology in different directions (Bryant & Charmaz, 2007a). During that time, grounded theory methodology established a foothold as an acceptable qualitative methodology Bryant & Charmaz, 200a7). Whilst widely cited, grounded theory is often inaccurately mentioned to give credibility to a variety of qualitative methods (Charmaz, 2014). If grounded theory is appropriately referenced, its tenets and practices are challenging to apply in research design and implementation, and thus grounded theory studies rarely produce results that rise to the level of theory, as Glaser and Strauss intended (Bryant & Charmaz, 2007a).

Constructivist grounded theory methodology (C-GTM) was championed by Kathy Charmaz, a student of Barney Glaser and Anselm Strauss, and is explicit about what it maintains from ‘classic’ grounded theory and where it differs. All strands of “grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories from the data themselves” (Charmaz, 2014, 1). Methods are iterative, comparative, and interactive.

Iterative methods include repeatedly coding the same data set, but each time with a new lens or a new abstract coding theme. An initial coding of interview transcripts, for example, focuses on the actions, motivations, and meanings particular to the interviewee. A second phase of coding will focus on sorting and grouping initial codes into larger themes. A third round of coding might look at the same data set with just the abstract themes in mind. For interviews, it is common to conduct line-by-line coding, to ensure that data does not get overlooked or reduced to a code without deeper inspection. Line-by-line coding meets the GTM requirement of being systematic, while allowing the flexibility of the person coding to name and identify themes without any prior theoretical conceptions. One line of data can also be flagged with multiple codes, allowing the researcher to label contextual elements of a line of text as well as its content.

Coding allows the researcher to go back and forth between data and analysis. In this way, coding is interactive. The researcher engages with lines of text as building blocks for theoretical categories. The codes and interpretations are interactions between the researcher’s socially constructed worldview and the interviewee’s constructions. The researcher attempts to reveal and examine the interviewee’s theoretical assumptions and provides a framework for these theoretical assumptions. Returning to the data to see if there is evidence for the imposed framework, is the grounding part of grounded theory methodology. The evidence should be there, because the framework was drawn from the data to begin with. If the process of abstraction leads to theory unevidenced by the data, the researcher may return to their process to determine where the theory became un-grounded. Or, the researcher may impose their framework on a new set of data, to see if gaps in evidence and theory are resolved or if they are accentuated.

Imposing a coding framework from one interview to another demonstrates how GTM is both comparative and interactive. The researcher may compare initial coding schemes between interview data or compare more abstract coding themes to a fresh set of data.

Comparisons across similar incidents experienced by all participants might also reveal additional theoretical information. Trends or patterns can emerge when looking at data across all interviews. When looking at one interview, an experience might seem unique. When looking at all interviews, a common process might be evident. For the researcher, looking across interviews requires active engagement by deciding which interviews to compare and through what lens.

The researcher also takes an active role in deciding when to collect more data, and what theoretical questions will inform data sampling. In a qualitative grounded theory study, “theoretical sampling” is a process where research participants are chosen for the study based on “dimensions and properties of the theoretical categories” (Oktay, 2012, 152). In order to avoid limiting the emerging theory to a particular setting or subpopulation, sampling methods and parameters are generally not predetermined. Grounded Theory Methodology allows researchers to use a variety of qualitative sampling methods (e.g. snowball, convenience, and purposive sampling) that will enhance theory development. For example, if the researcher is starting to see a trend of actions and motivations occurring in women, theoretical sampling will drive them to purposively sample among men to reveal whether gender is a confounding factor.

Theoretical sampling leaves the research project open to the number of interviews needed for the study. Instead of a fixed number of interviews, the sample size is guided by the researcher’s purpose of pursuing theory development and attunement to their data. Sampling ends once new data ceases to reveal new theoretical codes and information. Line-by-line coding and data comparison helps to ensure the researcher is aware of whether data is revealing new or repetitive themes. In GTM, the researcher is consistently interacting with data collection and analysis, and these processes happen simultaneously. Data is not gathered in a concerted timeframe which is then followed by a period of data analysis. Instead, ongoing data collection and analysis are driven by theory development. Attentiveness to theory development also helps to ensure that future discussions move beyond detailed reports of data and propose possible explanations for the data.

Theory development in GTM's occurs in memo writing. Memos are "narrated records of a theorist's analytical conversations with him/herself about the research data" (Lempert, 2007, 247). They are written by grounded theory researchers throughout the data collection and analysis process, in order to document the theoretical developments and methodological decisions made by the researcher. Methodological memos allow researchers to later recount any changes made to coding schemes or interview questions, in order to accurately report them in final write ups. Reflections in memos might lead to decisions about what to gather in the next round of sampling. Memo notes on theoretical developments may include comments about emerging themes, which may lead to codes for future coding schemes. They may also include questions about the data, ideas, or other thoughts that arise when looking at the data. Each individual memo is also an important opportunity for reflexivity. Reflexivity allows the researcher to look critically at how their own theoretical assumptions are manifesting in their interactions with participants, with the data, or with data analysis. Reflexivity can reveal the ways that the researcher is projecting their own assumptions on to the data, or the way their own standpoint allows for a new perspective on the data.

Embracing the researcher's social position is what differentiates constructivist grounded theory methodology from classic grounded theory methodology. Constructivist GTM does not ask the researcher to 'bracket' their personal experiences as in classic GTM. C-GTM harnesses the subjectivity of the researcher and addresses subjectivity through concerted reflexive practice (Charmaz, 2014). C-GTM also recognizes that in the process of conducting research, the researcher is engaged in an act of social construction. The research question, resources allocated to the project, and the projected outcomes of the research contribute to the social construction of 'valid research' and what is acceptable 'knowledge.' Research affirms or negates what inquiries are relevant and important, and who or what are adequate sources of information. These constructions are influenced by the complexity of the researcher's lived experience, her academic home and theoretical lineage, and perhaps, her explicit agenda for the research results. For all of these reasons, C-GTM was a good fit for this project, for my ontology and my epistemology. There is a need to approach wellbeing from a different standpoint because academic assumptions about these concepts have not been interrogated from the perspective of survivors of slavery.

3.5 Chapter Summary

This chapter introduced the reader to the ontological and epistemological underpinnings of this thesis. I discuss the critical realist ontology, that embraces our mediated access to an objective world that is external to our subjective experiences of the world. Additionally, the critical realist ontology accepts that social constructions of reality become accepted as objective realities for human beings. I then present *the epistemology of survival* that emerges from my ontology, aiming to shift the reader’s frame of reference to the perspective of someone who has lived through enslavement. I outline how *the epistemology of survival* fits within the traditions of standpoint epistemology but remains a unique epistemology that has not been articulated before. I conclude the chapter with a presentation of Indigenous Research Methodologies and Constructivist Grounded Theory Methodologies, but of which informed my research design. In the next chapter I will provide a more traditional presentation of my research design and describe the results of implementing my research methodology.

Chapter 4: Research Design & Implementation

This chapter first presents the research question and objectives of this thesis. Next, a detailed account of the research design and how qualitative methods were implemented for data collection and analysis.

4.1 Research Question

How do survivors of modern slavery define wellbeing?

4.2 Research Objectives

The objective of this research study is to develop a definition of wellbeing that is drawn from the lived experiences of survivors of slavery. In Chapter 2, I demonstrated that anti-slavery literature is minimally engaged with the concept of wellbeing and any related social processes. This thesis articulates how the concept of wellbeing is constructed by survivors. The starting point for this thesis was to open the question of defining wellbeing all together, instead of utilizing existing constructs of wellbeing and explaining (i.e. theorizing) how it operates within the population of survivors of slavery. This decision to embark on the task of constructing a new definition of wellbeing from survivors' experiences was informed by what I described in Chapter 3 as the *epistemology of survival.* This epistemology assumes that the perspective of survivors of slavery is substantially unique from those who have not been enslaved. As demonstrated in Chapter 2, those who have not been enslaved are the primary authors of anti-slavery research in this area. The objective of this research study was to define wellbeing from the perspective of survivors, regardless of whether it shared similarities with or revealed differences from existing definitions. The purpose was to articulate survivors' definition of wellbeing, by sourcing the theoretical foundations of the definition from survivors' lived experiences. In Chapter 8, the full definition is provided and also put into context with other definitions and literature about wellbeing.

It is important to remember that the act of defining a social construct has implications in the political sphere. By providing a definition of wellbeing from and for survivors of slavery, I hope to initiate greater engagement with the topic of wellbeing in anti-slavery research. To be clear, this thesis does not claim that its definition of wellbeing describes the construct for wellbeing for all survivors across all time periods. Throughout this thesis, I openly reveal how the final wellbeing definition is constructed and provide detailed information about the theoretical categories that inform the definition. In Chapters 4, 6 and 7, I present the evidence and processes by which the theoretical categories were developed. In Chapter 5, I openly analyse my potential impact on the study. Readers can utilize all of this information to assess the analytical leaps that I have taken from raw data to construct definition, and thus disagree with what I have presented as facts. This disagreement and discussion about the definition of wellbeing for survivors is a key implication of this thesis. My hope is that these discussions about the definition will be considered for use in policy and practice that effects survivors' lives post-enslavement.

4.3 Research Ethics

The University of Nottingham's School of Politics and International Relations Ethics Committee provided ethical clearance for this study in July 2018. University of Nottingham Ethical Clearance Documents are provided in Appendix B. The Participant Information Sheet and Consent Form are in Appendix C, the Privacy Notice in Appendix E, and the Semi-Structured Interview Guide can be found in Appendix E.

4.3.1 Obtaining consent

Every participant was required to provide written and verbal informed consent. For this study, I offered speak to interested participants prior to the interview to ensure full understanding of the project prior to collecting consent forms. For those who did request to speak, the phone call focused on building rapport, create space for the participant to ask any initial questions about the study, and to schedule an interview time and location if they chose to proceed. Not all participants desired a phone call and were happy to coordinate through email.

At the start of each scheduled interview, I provided another opportunity to ask questions about the project before collecting written consent forms and requesting additional verbal consent. I reviewed details in the Participant Information Sheet again and emphasized that participants were allowed to decline the interview at any time, including during the interview or afterwards. I also reassured participants that their involvement in the study would not jeopardize their right to services if they were referred by service provider and would not jeopardize their membership if they learned about the study through Survivor Alliance. I pointed out the names and contact numbers on the Participant Information Sheet, should participants feel the need or desire to express any concerns of grievances after the interview.

4.3.2 Ensuring participant safety

The primary ethical concern was for the emotional safety of research participants. While the focus of the qualitative interview was not on the details of their experiences of slavery, participants could still experience distress by nature of thinking about their identity as a survivor of slavery and thinking about how they have dealt with the life consequences caused by enslavement. To ensure safety, participation was limited to adults over the age of 18. I also recommended that individuals participate only if their experiences of enslavement ended at least two years prior. Although this recommendation was not strictly enforced, I explained to interested participants that this was to ensure that they were not speaking to me too soon after a traumatic experience such that they would become overly distressed. This raised the issue of potential distress for the participant to consider and decide for themselves whether they desired to take part in the study. I also provided access to the interview guide so that participants could use it to inform their decision-making process.

4.3.3 Data protection and anonymity

To ensure data protection, I provided all participants with the University of Nottingham GDPR statement prior to the interview electronically and in person at the start of the interview. If participants were concerned with having their signature captured on a consent form and linking their name to the study, they were given the option to consent verbally for me to document their consent. Each participant was assigned a pseudonym and all digital files and transcripts were labelled with only the person's pseudonym. The single document linking participant names with their pseudonym is stored separately from interview data in a password protected file. Transcription of interviews used a pseudonym, and any other identifiable information was removed. Names, phone numbers, and emails of participants were stored on the University's secure server. Participants' phone numbers were not stored on a personal mobile device. For any requesting referral NGOs, I signed non-disclosure agreements with agencies and presented a recent criminal background check (DBS) upon request. All referral agencies were given a copy of the approved University of Nottingham Ethics Form, the Participant Information Sheet and Consent Form, a GDPR Privacy Notice, and a sample Interview Guide.

4.4 Eligibility Criteria

Interviewees were limited to those residing in the U.K. at the time of the interview and who had a history of experiencing any form of modern slavery, as defined by the 2016 Global Slavery Index, for any length of time. Interview participants had to be at least 18 years old, and a strong recommendation for those at least two years removed from their last experience of slavery. The two-year time period was recommended to ensure that interviewees were not in immediate crisis from a recent exit from slavery. Survivors have stated that more time from the experience of slavery allows them to have an opportunity to reflect on their experiences (H. Gibbs, personal communication, February 19, 2018). Due to limitations of the researcher and financial resources for this doctoral thesis, interviews were only conducted with English-speaking participants. Interviewees could be of any gender and from any national origin. They had to either self-identify as a survivor of slavery, or as someone who went through experiences that meet the definition of modern slavery.

4.5 Participant Recruitment

Recruitment of participants occurred through organizations that agreed to provide recruitment support, including Helen Bamber Foundation (HBF), the Human Trafficking

Foundation (HTF), and Trafficking Awareness Raising Alliance (TARA). Staff from those agencies either identified and referred participants or sent out a recruitment email to the survivors with whom they had contact. Agencies were strongly encouraged to refer participants of all genders who experienced any type of modern slavery. Participants were also recruited through word of mouth among survivor communities, the Survivor Alliance, and through emailing agencies addressing slavery, human trafficking, or related issues. These included Voices of Domestic Workers, Focus on Labour Exploitation (FLEX), Anti-Trafficking and Labour Exploitation Unit (ATLEU), Anti-Slavery International, Ashiana, and Snowdrop Project. The email outlined the research project and requested that these agencies forward the study information to service users. The email included documentation of ethics approval, information about how to express interest in participating, and the interview guide.

4.6 Data Collection

Data collection occurred between October 2018 and January 2020.

4.6.1 Semi-structured interviews

Semi-structured interviews were conducted with survivors of slavery who met the eligibility criteria above. A total of sixteen (16) people were interviewed. Fourteen people completed full length interviews, and their entire interviews were transcribed. One interview recording was unfortunately cut off, but additional hand-written interview notes were taken and then incorporated into the transcript. The sixteenth person showed up to the interview but was clearly distressed upon arrival. I suggested to the participant that we postpone the interview and she agreed. I then made myself available to the participant to share what was distressing, in the event that it might be related to agreeing to the interview. As she shared, the content of our conversation was clearly relevant to my research question. Before we parted ways, the participant asked when we would reschedule the interview. I mentioned to her that if she would allow me to take notes of our conversation, we would not need to reschedule the interview. She consented. The notes were verified by the participant and then used in data analysis.

Standard interview procedures were followed. If a participant was interested in participating, I requested a printed copy of the consent form to be signed and brought to the scheduled in-person interview. I coordinated a meeting location and time that suited the participants' needs and requests and sent emails as reminders and confirmation of the interview date, time, and location. In accordance with peer-research standards (Faulkner et al., 2019), participants were provided a small renumeration (£20) for participating in the interview. Light refreshments were made available to help participants feel comfortable and if required, travel costs were reimbursed. Reimbursement for travel and renumeration for participation were provided at the start of the interview, to address the potential power imbalance and minimize the social desirability factor. I also wanted to communicate that participants would receive the recognition for their time and inconvenience, regardless of how long they spoke with me or what they shared. If participants wanted to withdraw from the interview while in progress, compensation would remain in their possession. With the consent of the interviewee to record, I used a password protected iPhone 6s to record the interview and transferred the interview to a secure data store on the University of Nottingham Information Technology infrastructure. I also took hand-written notes in a journal during the interviews. This journal was kept in a private location in my personal home.

General field notes and observations were written immediately after the interviews, and theoretical memos were written within one day of the interview. In CGTM, memos are intended to "provide a record of your thinking process through the study and your decisions about what you want to look for in your next round of data gathering" (Oktay, 2012, 70). Memos tracked my reflexive process about being a survivor of slavery interviewing other survivors, my reflections on methodological process (such as any perceived impact of the interviewee knowing that I share survivor status), and theoretical ideas that emerge. Memos documented which transcripts have undergone which types of analyses and comparisons, in order to ensure systematic application of analysis. Memos also tracked the timelines and decisions regarding sending transcripts and adding additional comments from interviewees. Reflections on my reflexivity process are discussed at further length in the next chapter.

Interviews took place in a variety of locations: at the University of Nottingham, University of Sheffield, at an NGO program office, a church that hosted a program for survivors, and participant's homes (following University of Nottingham's lone-worker policy). Interview recordings totalled 10 hours and 54 minutes. I transcribed eight of interview recordings using audio playback software built into a Lenovo ThinkPad and an Apple Macbook Pro. The remaining eight were transcribed by a contracted service provided by the University of Nottingham. External transcription was authorised by research participants and both thesis supervisors, due to the emotional intensity of the transcription process. Every participant was sent a transcript of, and/or handwritten notes from, their interview and given at least two weeks to review and make amendments and additions to their transcript. Transcripts were sent via email that is encrypted in transit and at rest. Transcripts were sent well after the interview occurred so that participants had additional time to withdraw their consent. They were informed that no response to my email would result in a default to their initial consent for participation in the study. I made it clear that once data was analysed, participants would no longer be able to revoke use of their interview. Reminder emails to request on-going consent were also sent well after the 2-week response deadline. Seven participants gave an affirmative response to include their interview, with a few small changes suggested. The remaining nine did not reply. All transcripts were password protected and only available to research supervisors.

4.6.2 Sampling

Convenience sampling was used at the start of the project and followed by theoretical sampling.

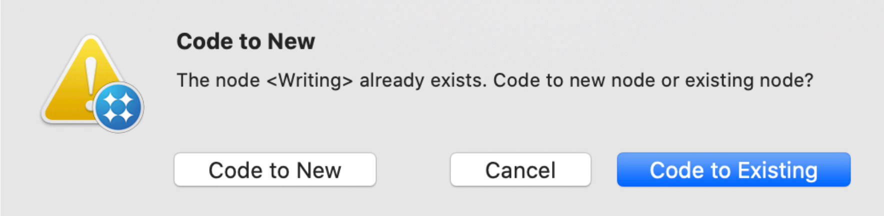
As described in Chapter 3, theoretical sampling is driven by the researcher's on-going data analysis. Themes that emerge from the data and from the researcher's careful coding provide direction for the researcher to pursue subjects who will help illuminate those themes further.

4.7 Data Analysis

A core feature of C-GTM data analysis is developing categories through the process of induction (Morse, 2007). Initial categories, which I will call Level 1 Categories, remain as close to the text as possible and often use the exact words of the interview participant. The categories can describe a process, an underlying assumption, an experience, an action, and nearly anything that the data speaks to. For this thesis, every interview was initially categorised in multiple ways. First, I listened to each audio recording and took notes of key themes. Then, I conducted line-by-line analysis of the interview transcript in NVivo 12 and looked at single words, short phrases, full sentences, and full paragraphs for emerging categories. No boundaries were placed on the categories at this stage. Some examples are: "hope," "awareness of cause and effect," "meaningful," and "educating service providers." Each Level 1 category became a "node" in NVivo. After the full interview was categorized, I returned to the key themes that I noted down when listening to the audio recording of the interview. If line-by-line analysis did not yield the same themes, they were added as separate nodes. Lastly, I referred to handwritten notes taken during the interview and field notes taken shortly after the interview to determine any additional categories that might be relevant to the specific interview and added them into NVivo as separate nodes. I repeated the process for subsequent interviews.

At this stage, I did not overly concern myself with duplication of Level 1 codes, unless NVivo software recognized that my new node was named exactly the same as a previous node. In this situation, the following software warning message surfaced:

Figure 2: NVivo repeat code warning



Code to New

The node <Writing> already exists. Code to new node or existing node?

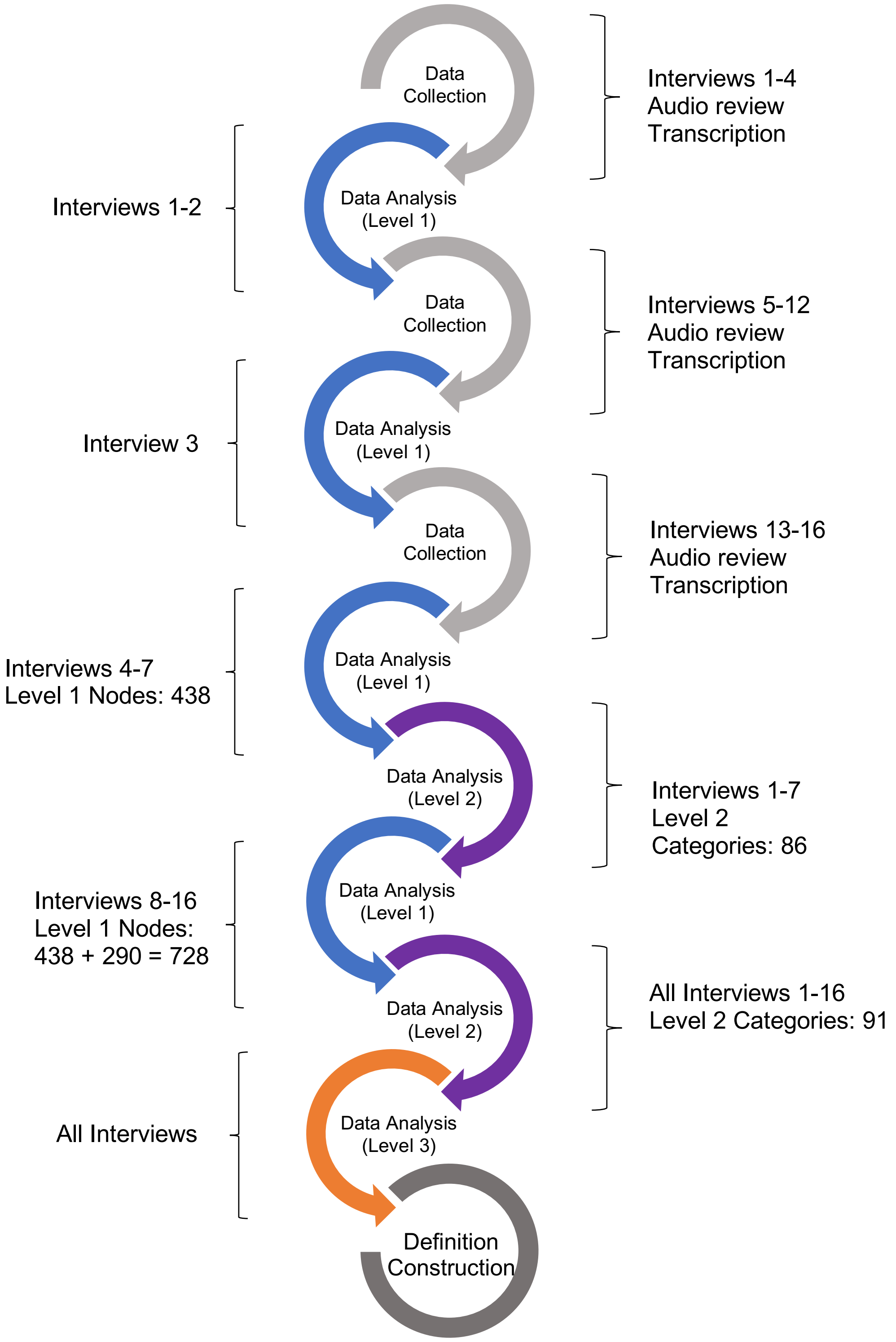
I cancelled the message, went back to the existing node and looked at the interview text that I previously coded with the original node. I sought to understand the context of original node, determine whether I might change its name, and decide whether the new text fit the original node. If the context of the new text did not fit the original node, I created a new node. This practice aligns closely with the constant comparison method put forth by grounded theorists. Constant comparison is a process “used to tease out similarities and differences and thereby refine concepts” (Wiener, 2007, p303). Small fragments of data are compared within the same interview and across multiple interviews to understand the theoretical concepts they might address. Through this process the fragments of data may become associated with multiple categories. For example, a fragment from Gerry’s interview was, “But once you engage yourself in something meaningful and hopeful” and this was categorized under three nodes: meaningful, hope, and having activities. The node ‘hope’ was a category for any instance where an interviewee demonstrated the existence of hope. Gerry demonstrates the existence of hope in her life by identifying that something can be hopeful and that she has experienced this hope through an activity. Future comparisons between data fragments that related to the node of ‘hope’ enabled me to refine the concept of hope into different categories, including ‘having hope’, ‘to give hope’, ‘hopelessness’, ‘having hope that help is there’, and ‘hope and reality juxtaposed’. These refined categories enabled me to ensure that nuances within the data remained captured. The nuances are then present for future steps in the data analysis process which require abstraction.

Level 1 categorisation happened simultaneously to data collection as much as possible. In grounded theory methodology, this iterative process is meant to allow the researcher to identify and pursue emerging categories in future data collection. This process, called theoretical sampling, enables a researcher to refine and deepen her understanding about an emerging category through the lens of another participant. This meant that I was re-listening to audio recordings or transcribing some interviews within days of going out to conduct additional interviews. I was categorising transcripts and interviewing within the same time period. During the categorising periods, I wrote theoretical memos to track my thinking in relationship to the categories, specifically identifying any emerging relationships I saw between categories. The theoretical memos that highlighted the relationships between categories, and informed Level 2 categorising as well as final theory building. Level 2 Categorising is when I became more concerned with duplication of nodes and worked to refine concepts into greater theoretical abstraction. **Figure 3** below demonstrates the iterative data collection and analysis process.

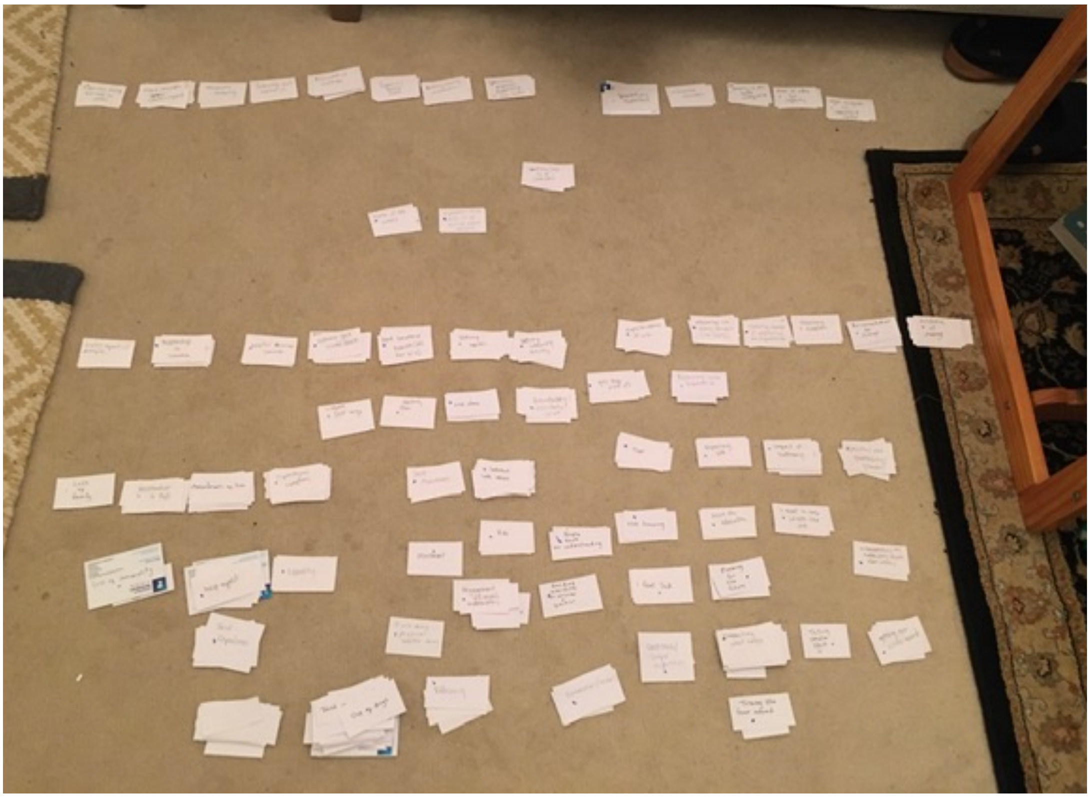
When Level 1 categorising was completed for the first seven interviews, there were 438 unique nodes. With these 438 nodes, I conducted Level 2 categorising over the course of 3 sequential days and resulted in 86 Level 2 Categories. Level 2 categorising was completed manually and did not involve NVivo. All 438 nodes were written on small note cards (pictured below) and I began combining similar categories. These categories were either provided a new Level 2 category name, or the new category name emerged directly from Level 1 categories.

Level 2 categories were abstracted slightly further from the ground level data. This means that exact words or phrases from the data became less present. For example, a new Level 2 category that emerged was “Differentiating my trafficking experience from others” and included Level 1 nodes of “It’s harder for a woman” and “As a man”. In both contexts, interview participants were identifying the differences in their experience due to gender. Upon recognizing that these participants were highlighting the differences in their experience, I recalled that other participants also made comments to differentiate their experiences. The differentiations did not coalesce around a specific demographic category such as gender, race, or age. Rather, it was the act of differentiating one’s experience that was most salient. Although participants held on to the commonalities of being a survivor of modern slavery, they were also clear that their experience was unique due the specifics of their own identities and the abuse that occurred during the exploitation.

Figure 3: Data collection and analysis sequence



Photograph 1: Sorting level 1 nodes



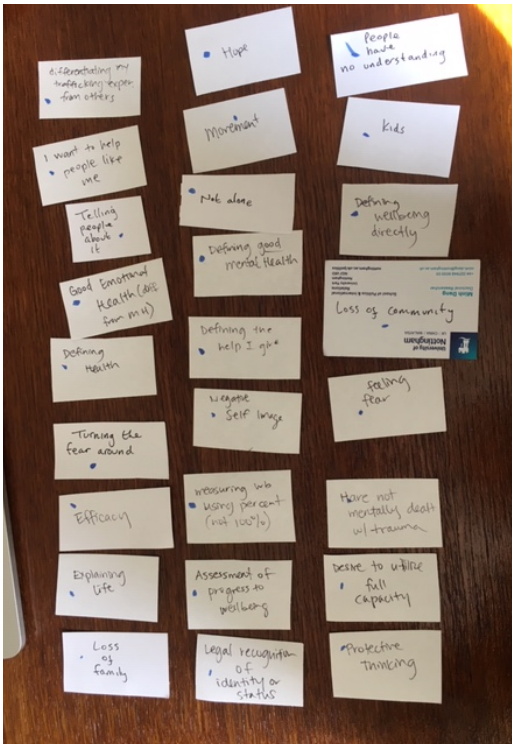
This type of reasoning is how I came to develop each Level 2 category that did not use participants' language, and to achieve higher levels of abstraction. Some Level 2 categories maintained participants' language because the participant provided their own level of abstraction. For example, a Level 1 node "It's a journey" became a Level 2 category called "Wellbeing is a journey."

During the sorting phase from Level 1 to Level 2, I had NVivo open on my laptop so that I could reference direct quotes from interviews that related to each Level 1 node. Before categorising each node into a Level 2 category, I confirmed that data also supported the Level 2 category. If they did not, I took another look at the direct quotes and reconsidered both levels of abstraction to see what fit and what did not. Some of the specific textual examples for Level 1 nodes might have been reassigned to another more accurate node, or the Level 2 category was dropped, and the Level 1 node remained available for categorisation. Some Level 1 nodes were carried over into Level 2 categories if a second level of abstraction could not be achieved. For example, although "Negative Self Image" was a Level 1 node that could be categorised into the Level 2 category “Psychological symptoms,” there was something specific about the fragments of data that implied another process was occurring. Those data fragments included “disgust myself”, “not deserving of services”, and “feeling useless”. Not wanting to lose this “something” and trusting my intuition as a researcher, I retained the entire node and made it into a Level 2 category. This later proved to be an apt decision because these fragments informed the development of one of the thematic sentence’s listed in Table 8.

All Level 2 categories were written down on a note card, marked with a blue dot (see **Photograph 2** for a subset), and placed on top of the stack of Level 1 nodes that were associated. I typed a list of the categorisation hierarchy into Microsoft Word. Recall that at this stage, I had only analysed an initial seven interviews. I returned to Level 1 data analysis for the final nine interviews, coding the transcripts in NVivo once again. At the end of this next stage, I had 290 additional Level 1 nodes for a total of 728 Level 1 nodes. I took the 290 nodes and categorised them manually

again. This time, I used the existing 86 Level 2 Categories to help with the sorting process.

Photo 2: Sorting level 2 categories



Only 5 additional Level 2 Categories emerged to reach a total of 91 Level 2 Categories, all of them listed in **Table 7**.

Table 7: All level 2 categories

Defining wellbeing directly	Engagement with social institutions	Feeling fear
Experience being dismissed by others	Planning for the future	Negative self-image
Food consumption (positive and negative)	Providing anecdote to answer a question	Evidence of personal change
Expectation that child will go through same trauma	Differentiating my trafficking experience from others	Relationship between mental health and physical health
Learning what normal is	I feel sick	Suicidality/Existential crisis
Explanation of challenges	(Self) Efficacy	Gets their mind off
Expressing feeling states	Ownership (“mine”)	Explaining lived experience
Quantifying experience	Protective thinking	Creating new family
Getting/having motivation	Establishing what helps	Loss of family
Unwanted reminders	Telling people about It	Relationship to past
Describing physical experience of the body	Dealing with physical health consequences	Gratitude (“Simple Experiences of life”)
Memories/Remembering	Hope	Measurements/awareness of time
Wellbeing is a journey	Determination	Explaining life
Part of the process	Defining the help I give	Psychological symptoms
Legal recognition of identity or status	Side effects of medication	Interacting with others
Desire to utilize full capacity	Police not knowing their role	Self-awareness
Signs/evidence of wellbeing	Turning the fear around	Self-recognition
Positive impact of people	I want to help people like me	Coping behaviours
Relationship to trauma	Role of survivors	Not alone
Ranking elements of wellbeing by importance	Recognition of impact of laws changing on public awareness	Good emotional health (different from mental health)
Have not mentally dealt with trauma	Having a purpose	Being given opportunities
Assessment of progress to wellbeing	Lack of words to describe experience	Describing freedom
Helpful resources/services	Things that are uplifting	Lack of privacy
Measuring wellbeing using % (not 100%)	New pains (that come with post-slavery)	Recommendations for (service) changes
Defining good mental health	Hope and reality juxtaposed	Defining health
Stigma	Alienation	Specifics of Trafficking/Slavery
People have no understanding	I want to help people like me	Loss of a dream
Kids	Not knowing	Desire for education
Identity	Movement	Loss of Community
Help myself	Self-capacities	Describing level of strength
Impact of Trafficking/Slavery		

At this stage of analysis, I employed abductive reasoning, which “links empirical observation with imaginative interpretation” (Bryant and Charmaz, 2007b, 46). Abductive reasoning allows the researcher to move from purely inductive reasoning and seek theoretical explanations for phenomena emerging from the data. It is during this ‘imaginative interpretation’ phase that researchers draw on previous or new knowledge about a topic area. For me, this included my learned knowledge as a graduate student, professional knowledge as a social worker and NGO director, and my lived experience knowledge as a survivor of slavery. I also began to engage with a broad literature on wellbeing from multiple disciplines to become aware of existing models and theories. Interactions between learned knowledge and lived experience knowledge informed theoretical insights that I wrote about in theoretical memos throughout the data collection and analysis sequence. In Level 3 data analysis, I re-read the memos and considered my how my previous insights stood up to the 91 Level 2 categories. To establish some key themes, I wrote generalised statements that I thought represented a significant portion of the data (see Table 8). These sentences allowed me to begin categorising data into an begin categorising data into another level of abstraction.

Table 8: Thematic sentences

A	Wellbeing is distinct from health, where health = physical health.
B	Activities that help or hinder survivors achieve wellbeing are externally focused.
C	It is in the doing of activities that survivors achieve wellbeing.
D	Survivors have internal and external indicators for wellbeing.
E	Other people are important to survivors’ wellbeing.
F	Wellbeing is a process.
G	Survivors are measuring their progress to wellbeing.
H	Survivors are still managing trauma symptoms on a daily basis, especially memories of trauma, and this is a large aspect of life.
I	Survivors have an ongoing existential battle – why be alive and what to do with this life?
J	Wellbeing includes the diminishment of symptoms and the presence of things to be happy about in life.
K	Education about rights and formal education is key to wellbeing.
L	Relationship to time and orientation to time is a key element of wellbeing.
M	Survivors are feeling, thinking, reflecting and analysing all the time.
N	Physical health and mental health are intimately connected.

As I began to sort all 91 Level 2 categories by their fit with the fourteen sentences, I began to see relationships between sentences and that they could be narrowed even further. For example, sentences B and E became merged into the concept that wellbeing is "relationship based." You can see all of the Level 2 categories associated with Sentences B and E in **Table 9.** When looking at the Level 2 categories under Sentence B, we can see that nearly all of them involve interacting with other people. This fits nicely with Sentence E, 'Other people are important to survivors' wellbeing.' It is also a good fit with insights from my own professional experiences working with survivors. Interacting with others addresses another category that emerged from the data: 'Gets their mind off.' This category highlights

Table 9: Example of combining two themes to establish a concept

Sentence B	Activities that help or hinder survivors to achieve wellbeing are externally focused.
Level 2 Categories	Building a family
	Education
	Counselling
	Engagement with social institutions
	Telling people about it (the trauma)
	Kids (playing with and caring for)
	Want to help people
	Receiving legal (immigration) status
	Movement (of body)
	Helpful resources (from service provider)
	Making recommendations for change (in social systems)
Sentence E	Other people are important to survivors' wellbeing.
Level 2 Categories	Interacting with others
	Role of survivors
	Experience being dismissed
	Engagement with social institutions
	Alienation
	Kids
	Positive impact of people
	People have no understanding
	Stigma
	Telling people about it (the trauma)
	Police not knowing role

survivors’ needs to get away from experiences of their own minds due to distressing thought and feelings. The one code that didn’t fit, movement (of body), sparked a though process in me about its fit in this category. Because the original term for the code was about externally focused activities, I recognized that what I meant by external was that the activities were not psychological activities. The psychological related activities were categorised in Sentences H, I, J, and M. It was during this thought process that I expanded this theoretical category of “relationship-based” to include relationships with others as well as with oneself. This example of going back and forth between these thematic sentences and Level 2 categories, is how I was able to abstract all Level 2 categories into seven theoretical concepts.

4.8 Chapter Summary

Following on from a deep dive into epistemological and methodological foundations of this project in Chapter 3, this chapter provided a detailed description of my research design and how I implemented qualitative study with survivors of slavery to develop a definition of wellbeing. I described participant recruitment and selection, data collection from UK survivors, and CGT data analysis. From 16 interviews, I develop 738 Level 1 nodes, combined these into 91 Level 2 Categories, and then developed 14 thematic sentences. These sentences allowed me to finalize seven thematic concepts that would serve as the foundation of a definition of wellbeing. In the next chapter, I discuss my researcher reflexivity to set the stage for presenting my findings and discussion.

Chapter 5 Reflexivity

> *I was talking to JL* and trying to decide what to do for my scheduled PhD time today. I had planned to transcribe an interview. I didn't really want to, as I have help doing that, and I can keep postponing it. I thought about trusting my previous self who decided to do this. I don't have a great reason for changing the plan.*
>
> *I told MR* that I should have a good reason for changing the plan.*
>
> *I talked about avoidance. About seeing and confronting the beauty and pain of humanity all at once. Feelings of helplessness because I can't help this particular person. We talked about the impact of my work: my work helps [people] but it will be longer term. I must trust in my good intentions at a deeper level while not excusing my behaviour.*
>
> *I have to deep dive into my lived experience. I have to go deep into the emotional work, and then come out of it, breathe air, and explain this to people on dry land. I have to dry off, take off all my gear, and explain to people what my gear is, what it does, but also, WHAT I FOUND [sic], all in a way that people can understand. (Dang, M, reflexivity notes, 9 January 2020)*
>
> *Initials have been changed to maintain anonymity

This passage was written after a conversation with a colleague and friend. Both JL and MR are two people on my PhD support team of five friends and colleagues. Over the course of my thesis project, it became clear to me that meetings with my PhD supervisors, with a clinical supervisor, and with my therapist were not sufficient to sustain my own health as a survivor scholar or my reflexivity process. I established a personal support team, scheduling phone calls during pre-set times for working on my thesis. Both the infrastructure of my support team, as well as the content of my conversations, are relevant to my reflexivity processes as a qualitative researcher. Reflexivity is defined as "the process of critical self-reflection about oneself as researcher (own biases, preferences, preconceptions), and the research relationship (relationship to the respondent, and how the relationship affects participant's answers to questions)" (Korstjens & Moser, 2018, 121). Researcher reflexivity is especially relevant in qualitative research, as it provides information to readers to assess the potential impact that the researcher has on the research process and findings. In this chapter, I will use the passage above to provide an example of my reflexivity processes and discuss the content of my reflections that are directly relevant to my findings. Later in the chapter, I will articulate methodological enhancements that I needed to develop specifically for my thesis project and recommend them for qualitative lived-experience researchers. I will also provide an overview of **trustworthiness,** the key concept that is used to assess the quality of qualitative research (Korstjens & Moser, 2018).

5.1 Reflexivity anecdote

The introduction to this thesis makes a clear statement about my explicit decision to enter this research project as a survivor scholar and someone who has lived experience of slavery. The passage that opens this chapter provides a window into my process as a qualitative lived-experience researcher. The passage is a short reflection from my reflexivity notes, written immediately after a conversation with someone on my support team. The conversation helped me understand my avoidance of transcribing interviews. In the conversation, I recall speaking candidly about my experiences with transcription and how it put me in a situation to confront feelings of helplessness. I shared about my feelings of helplessness in regard to the specific challenges that the person, whose interview I was due to transcribe that morning, faced. I relayed to my friend the information about real time support that I could and did give to the interviewee– referrals to services – but that I was very aware of the shortcomings of what I could offer and what those services could offer. We moved into discussing the impact of my work in the present day through Survivor Alliance and in the potential for my thesis to have an impact. This minimally allayed my feelings. I wanted to “trust in my good intentions” but I also did not want to be “excusing my behavior [sic]” as a researcher. I was reminded of my commitment to my participants, to use the gift of their contributions for social change and to guard against extracting information solely for my own professional and personal gain of achieving the PhD.

This conflict, between my identity as a scholar and my identity as a member of the community of survivors was a consistent tension through my PhD. In conversations with my clinical supervisor, we often discussed which identity I felt more aligned with in the moment and which identity was most relevant in the moment or in the task at hand. The passage above was a key moment in my doctoral studies where I was able to reconcile the two aspects of my identity into one – the identity as a survivor scholar. The totality of my lived experiences, as a survivor of slavery, but also as a committed scholar of slavery, even prior to entering the PhD process, is brought to bear in my research. My lived experiences as a social worker, community activist, peer support convener, and civil servant are also aspects of my identity that affect my research. The composite of my unique lived experiences allows me to act as a mediator between survivors of slavery and academia, between practitioners and academics, and specifically in this thesis, I was well poised to mediate between my lived experiences as a survivor and my experiences as a researcher. This mediator role is what I described in the passage as going on a "deep dive into my lived experience," explaining "what my gear is, what it does, but also, WHAT I FOUND [sic]" (M.Dang, Reflexivity notes, 9 January 2020).

In the specific incident of avoiding transcribing the interview, the deep dive into my lived experience required me to feel the helplessness I felt as a researcher, given that it was not my role to assist in resolution of the person's situation, but I also needed to explore other elements of my experience. I explored a concept understood in psychotherapy as countertransference. Countertransference can include whether the person in the listener role is reexperiencing their own history that is similar to that of the participant, whether the listener is overidentifying with the participant, and/or if the listener is feeling the participant's feelings (Eleftheriadou, 2007). Awareness of the potential for any of those experiences to be occurring comes from my training as a social worker in concepts of transference and countertransference, as well as my personal experiences receiving and studying psychodynamic clinical psychology, client-centred counselling, and trauma-informed care. The strategies and awareness level that I employed helped me to separate my own interpretations and what I believed to be my participants' interpretations and understandings. My role and experiences as a researcher also enabled me to recognise when participants were demonstrating phenomenon already theorized and documented in extant literature.

The dynamic interplay of all of my lived experiences and my subjective positionality with regard to the research, enabled the reflexivity strategies that ensure trustworthiness of my research study.

5.2 Reflexivity as an insider/outsider survivor of slavery

As described in Chapter 3, standpoint epistemologies highlight the positionality of social science researchers as coming from inside or outside the community of study. They are concerned that many researchers are ‘too far’ from the lived experiences of their research population, rendering them less effective in developing conclusions that are aligned with participants’ own view of the world. Typically, it is outsiders, people who are not considered members of the population of study, who are considered ‘too far’. The concern of insider research is that researchers are ‘too close’ to their participants, due to being members of the community of study, and may not be objective. In this section, I will speak about and interrogate my position as both an insider and outsider to the population of survivors of slavery.

Although being a researcher from the population being researched is not a mainstream practice, there are established practices of lived experience research, peer research, survivor research, and Indigenous research (e.g. Beresford, 2013; Faulkner et al., 2019; Smith, 1999). As I discussed in Chapter 3, these practices share a focus on the interests, priorities, and standpoints of the people who are also the subject of research. Moving from the researched to the researcher requires a different type of reflexivity that for those researchers who are completely outside of the population that they study (Court & Abbas, 2013). A concern for this thesis regards my ‘outsider within’ status. Patricia Hill Collins (1986) writes about black feminist scholars as ‘within’ the mainstream community of academics due to shared training and cultural norms of academia; but she also describes them as ‘outsiders’ who bring a particular lens to academia that is rooted in their oppression as black women. ‘Outsiders within’ may never feel completely comfortable within a community because they have profound differences in experiences, but they are also fully a part of the community because of their many shared experiences and world views.

5.2.1 Insider status

As a survivor of slavery, I am an ‘insider’ and likely to share many of the world views of my research participants. Although I did not share the details of my enslavement with participants, I explicitly identified myself as a survivor of slavery when explaining the purpose of the research project in emails sent to referral partners, and during initial interactions with participants. Participants could have assumed that I would empathise easily and understand aspects of their experience, resulting in the withholding of full explanations of their thoughts. During the course of my interviews, I paid close attention to these moments and checked for understanding or encouraged more detailed explanations. I also paid attention to whether participants seemed to be providing what they assumed were socially acceptable answers and would remind them there is no correct response.

It is also important for me to highlight that I am not only a member of the survivor of slavery community, but I am also one of its leaders. My social activism involves intentionally building an international community of survivors of slavery, with a focus on the UK. Simultaneous to my PhD, I launched a non-governmental organization (NGO) called Survivor Alliance. The mission of Survivor Alliance is to unite and empower survivors of slavery and human trafficking around the world. Survivor Alliance connects people with lived-experience of modern slavery to one another through in-person and online programming. We also provide a flagship leadership development program that builds the capacity of survivors to engage in anti-slavery work. Despite significant and impactful efforts by other survivor leaders in the last twenty years, the identity of “survivor of slavery” was primarily created and narrated by law enforcement, government agencies, and social service providers who do not have lived experience of slavery. Although survivors are engaged in anti-slavery work, the large majority of these engagements are tokenistic and ad hoc (Dang

2018). There remains little engagement at systemic and institutional levels. Survivor Alliance was developed to help fill this gap.

Survivor Alliance was intentionally launched and developed alongside my thesis. Both projects are interconnected in a long-term strategy to gain social and political capital for my community. Both projects are explicitly action-oriented and political in nature. They are designed to build the identity of “survivors of slavery” to enhance collective action organising, and to ensure that survivor voices are included in anti-slavery policy, research, and interventions. With this explicit political agenda, I may be perceived as unduly biased in my research. I have embraced this perception without alarm and attempt to provide as much transparency as possible to highlight my epistemological position and how my positionality informs methodological decisions.

Additionally, simultaneous to this study, I facilitated a Lived Experience Research Advisory Board (RAB) that provided input into two National Institute of Health Research (NIHR) funded studies. The first is a study entitled: Modern Slavery, Mental Health, and Survivors (MOMENTS). The Principal Investigator for this study is Dr. Nicola Wright, one of my thesis supervisors and Associate Professor in Mental Health at the University of Nottingham’s School of Health Sciences. The second study is entitled Promoting Recovery for People for People who have Experienced Trafficking (PROTECT) II and the Principal Investigator is Dr. Sian Oram, Senior Lecture in Women’s Health at Kings College London. I facilitated the RAB in my role as Survivor Alliance staff, and yet full compartmentalization of my role as a doctoral researcher from my role as an NGO Director is unlikely.

The MOMENTS study was very closely related to my thesis, as it sought it understand how survivors of slavery defined mental health and recovery. Discussions about these topics during RAB meetings inevitably influenced my thinking and my data analysis. Some of the interviewees in my thesis were also members of the RAB. Although I did not explicitly compare statements from their interviews to statements during the RAB meetings, there may be cross-pollination. As of December 2020, all data collection for MOMENTS is complete and only initial data analysis has begun. Completion of the study is expected in

June 2021. The purpose of the PROTECT II study is to understand the effectiveness of advocacy interventions on the mental health outcomes for survivors of slavery in the UK. Advocacy interventions encompass the breadth of services provided by charities working with survivors who enter the UK NRM. Some of my interview participants actively receive services from some of these charities or received them at some point in their post-slavery journey. Although the results of PROTECT II will shed light on the broader context of my interview participants and the conditions that effect survivors' experiences of wellbeing, the study itself and the RAB's involvement in study design is less likely to influence my thesis because data collection with survivors has not begun the project due to setbacks caused by COVID-19.

As one of the most difficult elements of my methodology, being a lived-experience researcher became one of its strengths. It is without a doubt that knowing that I am a survivor of slavery played a clear role in participants' decisions to interview with me. I was afforded a level of trust from the start, that other researchers might have needed to earn. Participants did not approach me with as much suspicion as I think might be warranted. Some survivors indicated that it was merely the knowledge of my insider status as a survivor that motivated them to speak with me. A number of participants also indicated that their relationship with me through Survivor Alliance enabled their participation because they trusted my judgment and how I treat them.

None of the Survivor Alliance members were required to participate in this study and invitations were provided well after individuals were engaged with our programs and services. In recruitment materials and during interviews, participants were reminded that anything they said would not hinder their membership in Survivor Alliance. Participants who interacted with me in the Survivor Alliance context at some time after their interview could also judge for themselves if their interview participation did negatively impact their membership in Survivor Alliance.

My status as a respected survivor leader and my long-term commitment and involvement in the anti-slavery field, paved the way for me to recruit interviewees through

NGOs. Through my work with Survivor Alliance, I built relationships with NGOs and charities who were willing to advertise my study and arrange interviews. To some degree, I did not need to be granted access to my population of study, because I was already working within the same context as the NGOs I contacted. Where gatekeeping did emerge, the barriers to access were surmountable. I was able to pre-empt the concerns that might arise, as they were concerns that I shared, and have solutions or reassurances ready. For example, I provided the semi-structured interview guide to NGO staff to ensure that questions would not probe into traumatic experiences. It was clear that my existing relationships with NGOs facilitated an initial sense of trust where my intentions were not questioned, and my professional standards were deemed credible.

In addition to recruitment of participants, my status as a trusted member of the survivor community may have influenced my interviewee’s level of comfort and disclosure. I was invited to participants’ homes and there were rare incidences where interviewees asked to skip over a question. Despite my regular reminders to participants that they did not have to share any details of their trauma of slavery, many participants shared freely about the exploitation they suffered. Several interviewees stated that they wanted to share the details of the trauma of slavery, because they thought I would understand and because they wanted to have another human being hold their story. This led to some real-time ethical decision making on my part as the interviewer.

From an interviewer lens, I wanted to allow participants to share what they wanted and follow their lead on the content of the discussion. From a research ethics and an ‘insider’ lens, I did not want to repeat interviewer behaviours that survivors have told me they don’t appreciate, such as being asked to discuss share details about the traumas of enslavement. In most incidences, after reconfirming that they did not have to share these details, I held space for survivors to share what they wanted. The times that I redirected the conversation, were primarily to ensure that I would be able to hear from them about the topic of inquiry – wellbeing. In my post-interview field notes and in clinical supervision, I would reflect on whether or not I halted conversation due to my own discomfort about hearing the details.

My insider status also meant that I was not shocked by details nor too uncomfortable with the presence of interviewees' emotional expressions. From my own lived-experience and that of survivors I have worked with professionally, expression of emotion with non-survivors can lead to non-survivors' discomfort and shutting down the feelings under the guise of not wanting to harm or retraumatise survivors. Faulkner and colleagues (2019) highlight that "distress expressed in interviews when recalling traumatic or upsetting events is not necessarily equivalent to harm" (Faulkner et al., 2019, 4). Additionally, some studies have indicated that survivors of interpersonal trauma rate their participation in trauma-related research as positive, despite the experience of some levels of distress (Griffin, et al., 2003). My training as a social worker also allowed me to sit with someone's grief or anger and to allow the person to move through their feelings. I did not take the expression of emotion as a warning sign to end the interview. I would continue to monitor interviewees' physical and non-verbal behaviour for signs of increasing distress and pause or check for on-going consent if necessary.

5.2.2 Outsider status

Despite my positionality as a survivor of slavery, I am also an 'outsider' to the population of this study because I have privileges and access to social, political, and economic capital that many of my participants do not. Though my insider status helped me gain access to participants and build rapport more easily, participants may have seen me as more of an outsider than an insider. None of my participants were American-born and many were seeking asylum, whereas I had a stable student visa. I am also a Vietnamese-American woman, with over a decade of work experience in the anti-slavery field. Despite my personal commitments to support and encourage survivors of slavery to become researchers at any level, none of my participants were doctoral students. Each of them also identified significant barriers to education in their current lives. Although I have my own history of life in poverty, I am now middle class and do not currently share the same socioeconomic and educational status with participants. This distance from my own financial precariousness and from an uncertain legal status allows me to have some distance from their positionality.

Although a concern of lived-experience research is that researchers can be ‘too near’ the topic and/or participants, my experience was that I was constantly reminded of how far I am from the participants. I could only feel how far I am because I could also feel how at a previous time in my life, I would have been considered nearer to them. My outsider status brought more challenges to the process than I was expecting. Namely, what would be accepted for outsider behaviour towards research participants was challenged by my insider desires. For example, as an outsider, my perspective about checking in with people after the interviews was premised on whether participants consented to a follow up conversation. This challenged my insider position as a concerned community member. Similarly, as an outsider I might be able to more easily justify taking a detached stance to an individual’s immediate problems of daily living. This is required by research ethics in safeguarding for me as well as the research participant. Whereas as an insider, I felt especially responsible to find ways to support others in finding solutions to pragmatic problems. I recognized that I held an anxiety of being perceived as a non-survivor researcher who was using survivors. I had to monitor my desire to help participants’ pragmatic life challenges as a way to seek approval and prove that I was ‘one of them’. In these instances, I reminded myself of my interview procedures, which indicated that unless someone was in serious distress, I would wait until the end of the interview to mention that I could refer them to additional support if needed.

Another negotiation between my outsider and insider status occurred when deciding to move forward with analysing interviews where participants did not provide an email affirmation that they reviewed their transcript and were happy to move forward. My concern about accuracy of transcriptions and member checking could not be assuaged. And yet, these data were important for my thesis. I felt responsible as someone from the community with access to privilege and someone whose words have been misused by non-survivors. In what felt like a selfish decision, I included the interviews on the basis of knowing that participants were fully informed of the process, provided consent to the interview, and were given ample time to withdraw their participation. In this instance, I prioritised my researcher sensibilities.

Maintaining my positionality as researcher allowed me to reflect on my identity as an insider and as an outsider. As an insider, whether in research or not, there is no requirement to provide practical support to another person of the same community. As an outsider, it is still necessary to maintain one's ethical procedures – to provide resources and allow participants to review their transcript. As someone who is both an outsider and insider, staying in my role as a researcher allowed me to become more aware of the limitations of my insider status as a survivor of slavery. Yes, I am a survivor of slavery, but I am one who sits with enough privilege to have a degree of survivors' guilt. It is that privilege that allowed me to sit in the interviewer role, and it is not my participants' role to absolve that guilt. I found myself facing feelings of sorrow and disappointment of becoming further away from the experiences of a community in which I consider myself to be a part. In order to keep these feelings from having a negative impact on my researcher, I discussed them with my PhD support team and become more comfortable navigating the tensions.

5.3 Trustworthiness

My status as an 'insider-outsider' does not inherently diminish the quality of my research, as quality is assessed through implementation of reflexivity and additional components of trustworthiness. Inherent in the concept of trustworthiness is an assumption that qualitative research needs to be assessed with different criteria than quantitative research (Bradbury-Jones, 2007). Guba & Lincoln (1982) articulate the need for this difference in quality assessment due to the ontological difference undergirding most qualitative and quantitative research. In their seminal work, Guba & Lincoln (1982) provide alternatives to the concepts of internal and external validity, objectivity, and generalizability, and offered four components of trustworthiness now commonly accepted: credibility, transferability, dependability, confirmability. Guba & Lincoln (1982) describe reflexivity specifically as a strategy to support confirmability (248), but here I will discuss my reflexivity as a practice that supports many of these components of trustworthiness. In this section, I will weave a definition of these four concepts into descriptions of how I enacted my methods to ensure trustworthiness.

More recently, Pratt et al., (2020) introduced the components of competence, integrity, and benevolence to offer “a way of thinking about how you do your methods (i.e., it is metamethodological)” (7). Competence and integrity refer to a researcher’s understanding of the range of methodologies, their capacity to select the appropriate methodologies for their projects, with an understanding of the epistemological and ontological foundations of each methodology (Pratt et al., 2020). Especially for projects that are methodologically diverse, researchers need to convince the reader that the decision to combine epistemological approaches was a conscious decision that has an explanation. Without this transparency, readers would understandably question the trustworthiness of the research. In this thesis, Chapter 4 provided the detailed information that enables researchers to assess my methodological fit and understandings. Benevolence is about staying true to the data as much as possible and not “doing violence” to it, but also recognizing how interviews are a co-construction (Pratt et al., 2020,11). Researchers much provide evidence of how they moved from data to their interpretations. Issues of benevolence will emerge in the discussion about confirmability in Section 5.2.4.

5.2.1 Credibility

Credibility, similar to the concept of internal validity, is concerned with the “[t]ruth value. How can one establish confidence in the ‘truth’ of a particular inquiry with the respondents with which and the context in which the inquiry was carried out?” (Guba & Lincoln, 1982, 246). The recommended strategies for establishing credibility are prolonged engagement, persistent observation, triangulation, and member checks (Guba & Lincoln, 1982; Korstjens & Moser, 2018). Over the course of my research project, I was able to ensure prolonged engagement, and a degree of member checks and triangulation. Prolonged engagement occurred through an established grounded theory practice of immersing oneself in the interviews. As I shared in Chapter 4, I conducted the interviews myself, listened to the recordings of all interviews, and transcribed half of the interviews. For the interviews that I did not transcribe, I still verified the externally provided transcript by listening to the recordings and helped to fill in any gaps or correct errors. Line-by-line coding and constant comparison methods also require prolonged engagement with interview data and checking that codes and categories remain close interpretations of the data. Prolonged engagement also occurred in the context of my interview participants. I lived in the UK for over a year prior to my data collection, met and interacted with survivors of slavery in multiple settings, and built relationships with NGOs who became referral partners.

Member checks occurred by sending transcripts to participants for review and allowing participants to edit or amend their statements. A deeper form of member checks would have been to allow participants to review my codes, categories and interpretations (Guba & Lincoln, 1982); but time limitations did not allow me to do so explicitly through feedback sessions with participants. However, because I am a member of the community in which I conducted research, I did engage in informal conversations about my analysis with some survivors of slavery. Triangulation occurred with regard to participants' references to UK Home Office policies and the rights and entitlements of survivors.

In constructivist grounded theory methodology, data analysis may also include conversations with colleagues, and theoretically guided exploration of literature. Conversations with colleagues allow for unarticulated concepts or connections to develop in an informal setting and with the assistance of questions and reflections by other social scientists. Guided exploration of literature allows for enhancement of theoretical categories and comparison of emerging codes with existing social constructions. Engaging with literature simultaneous to data collection and analysis is also part of the interactive nature of constructivist grounded theory methodology. Because grounded theory suggests a complete literature review is not conducted before data collection and analysis, pursuing literature as coding themes are developing can help researchers compare their codes to existing constructs, or inform the development of their coding schemes and interpretations.

5.2.2 Transferability

More often discussed in positivist research as generalizability, transferability is about whether a study is applicable in settings other than the one in which it was conducted. However, transferability differs from generalizability in that it is the reader's responsibility, rather than the author presenting their investigation, to determine applicability in other settings (Korstjens & Moser, 2018). The author's responsibility is to provide very detailed information, such as a "rich account of descriptive data, such as the context in which the research was carried out, its setting, sample, sample size, sample strategy, demographic, socio-economic, and clinical characteristics, inclusion and exclusion criteria, interview procedure and topics" (Korstjens & Moser, 2018, 122). The detailed information allows the reader to have a "vicarious experience" (Guba & Lincoln, 1982) of the project and make their own determinations about the applicability of the research in another context. In Chapter 4, I provided as much of this detail as possible, and in the introductory chapter, I outline relevant information about the UK context.

5.2.3 Dependability

Demonstrating dependability in qualitative research is primarily done through providing an "'audit trail' which delineates all methodological steps and decision points and which provides access to all data in their several raw and process stages" (Guba & Lincoln, 1982, 248). This audit trail ensures that the researcher did in fact do what was reported, and that similar results would be found if the study was replicated. For this thesis, all methodological steps and decisions were reported in Chapter 4, and data in its raw form is saved on the University of Nottingham's secure server in accordance with GDPR. Due to confidentiality procedures, information that links participants to pseudonyms remains password protected and only accessible to the primary author. Replication of the study would require someone with similar lived experiences as I, to conduct the study. Guba & Lincoln (1982) recognise that replication will inherently yield some differences, due to the highly contextual nature of qualitative research. However, the audit trail should allow someone outside the original research team to determine if "acceptable, professional practices" (Guba & Lincoln, 1982, 248) were followed.

5.2.4 Confirmability

Similar to a dependability audit, Guba & Lincoln (1982) suggested a confirmability audit, to demonstrate that the interpretations made by the researcher can be reasonably drawn from the data. Addressing the concerns of lack of objectivity typically lodged at qualitative research, Guba & Lincoln (1982) suggest that "[t]he onus of objectivity ought, therefore, to be removed from the inquirer and placed on the data; it is not the inquirer's certifiability we are interested in but the confirmability of the data" (247). A complete list of the Level 1 Codes that I developed through line-by-line coding is available upon request. In Chapter 4, Tables 7 – 9, I provided the complete list of Level 2 Codes and the Thematic Sentences that informed the final definition of wellbeing constructed from the data. I also included information about my decision-making processes for combining codes and examples of how I interpretated of the data. In the upcoming chapters, Chapters 6 and 7, I provide evidence to support the final stage of interpretations, include quotations from the interviews, and provide detailed descriptions of my analytical insights. It is from this information that readers can also judge whether I have stayed true to the data enacting what Pratt et al., (2020) call benevolence.

It must be noted that any undertaking of a confirmability audit and assessment of the benevolence of this thesis will need to keep in mind that Grounded Theory Methodology warns against staying too close to the data such that it is mere description and not theoretical enough (Glaser, 2007). Barney Glaser, credited as one of the founders of GTM, expresses direct concerns about Lincoln & Guba's work, arguing that it instils a fear of generalizability and "[g]rounded general implications are forestalled, frustrated, or simply killed easily in spite of the pressure. The researcher then sticks with fact finding, descriptions, and if needed and tempted, speculative generalizations" (Glaser, 2007, 108).

Reflexivity is also important for confirmability, as it demonstrates to the reader that the researcher has done sufficient self-reflection on their own influences upon the research process. Reflexivity, as I hope it has become clear in previous chapters and in this one, was a cornerstone of this thesis project. Throughout this study, I kept a reflexive journal and I have provided a detailed example at the start of this chapter, describing the types of issues upon which I reflected. In Chapter 3, I provided transparency regarding my ontological and epistemological assumptions which were resolved prior to conducting my research study. In Chapter 8, the discussion of my findings, I have also made sure to indicate where interpretive insights were born from my own lived experiences as a survivor of slavery and/or as an anti-slavery professional, rather than purely from the data. In the following sections, I will describe additional reflexivity methods that I created to support this project.

5.4 Additional Reflexivity Methods

5.4.1 Personal Academic Support Network as Reflexive Methodology

As I mentioned earlier in this chapter, I developed an explicit group to support my PhD journey. This group of individuals was comprised of friends and colleagues, all of whom were employed by academic institutions during the course of my thesis, and all but three of whom are engaged in anti-slavery research. Some of individuals in this group were explicitly asked to provide support and others offered of their own accord. The nature of support evolved as my own support needs evolved, but primarily, the support came through phone conversations and text messages. Most phone calls were pre-scheduled for the upcoming month, but some were ad hoc. I provided my support network with a list of dates and times that I scheduled to work on my PhD and each individual would indicate their availability, helping me to ensure all gaps were filled. For those whom I asked to join my support team, I gave specific instructions that helped to hold me accountable to my thesis goals and outcomes. For example, if I did not call my support person at the scheduled time, they were to call me until I responded in some way. I also informed them ahead of time of what I was planning to do during my work session (such as write a section of a chapter, analyse interviews, or read additional literature), and asked them to confirm that I was not detouring from these plans. As shared in the earlier anecdote, any changes to my plan required me to adequately convince my support person of the justification behind the change.

The keys to success of this support team were the skills of the people I selected, the nature of our relationships, and my ability to self-reflect on my needs and to act with integrity. The people selected for my support team were individuals who already knew some details of my historical trauma or with whom I could share necessary details if they arose. Each person was also reliable, empathetic, able to receive feedback, and willing to discuss personal and emotional boundaries as needed. It was also important for me to have people who had read some of the same literature and who had been through a doctoral process as a student, so that I did not always need to provide additional contextual information that would help explain the experiences I was having. For example, I could say, “Transcribing is intense” or “Finishing data collection really moves me to a new phase of the PhD,” and have people who understood what I meant.

In another regard, by having people on my support team who have or were also engaging in anti-slavery research, I had conversational partners for my analytical thinking, as well as the socioemotional support that I needed. For example, I could say, “You know how in Author X’s chapter they write about A and B, this had me thinking about D and E.” I would often speak fluidly about how my research task at hand would be linked to my lived experiences *and* to the work of other academics. These conversations contributed to acceptable practices within Grounded Theory Methodology, which is to discuss concepts with colleagues for sense checking or to help develop one’s thinking. These discussions were also similar to what Thompson and Barrett (1997) refer to as Summary Oral Reflective Analysis (SORA). Grounded in feminist theory, “SORA enables the researcher to orally reflect on meanings that emerge from the data” (Thomson & Barrett, 1997, 56). Similar to writing theoretical memos, the process of SORA is designed to capture a researcher’s real-time thoughts about meanings that emerge from the data (Thomson & Barrett, 1997). The primary difference is that reflections are oral, and thus can incorporate a conversational component. SORA recognizes that different cognitive processes occur when speaking instead of writing and seeks to leverage this difference to inform the data analysis process (Thomson & Barrett, 1997). Although I did not keep a voice recording of these conversations as Thomson & Barrett (1997) suggest to do in the SORA method, I would write or type notes of the conversation as I was speaking to my support person or immediately after.

5.4.2 Association of Mental Health Peer Researchers

Another reflexivity method that I put in place was through establishing a peer support group of peer researchers. With one other peer researcher, I co-founded the Association of Mental Health Peer Researchers (AMHPR) and invited any researcher at the University of Nottingham who self-identified as a someone with mental health issues who was also conducting a research project on the issue with which they self-identified. The terms most associate with the type of people we were looking to gather are mental health peer researcher, survivor researcher, or lived experience researcher. We established criteria for group membership and discussed group purpose during initial meetings. After that, we met monthly to reflect on our experiences, get practical assistance with the unique challenges of peer research (such as gaining ethical clearance), and listened to invited guest speakers who had more extensive experiences in peer research.

In these monthly meetings, I was able to engage in reflexivity by sharing the tensions I held as an insider-outsider researcher, discussed earlier in this chapter. By orally reflecting on these tensions and having peers ask questions about my reflexivity, I was able to access a certain degree of peer review of my methods. Additionally, by sharing company with others who were experiencing similar tensions or challenges in their peer research, I was reassured that I was not facing unique methodological challenges, nor was I dealing with them outside of any professional research standards.

Through the AMHPR and my personal academic support network, I began to articulate my reflexive methods as a unique qualitative methodology.

5.5 Radical Reflexivity as Reflexive Methodology

As described earlier in this chapter, reflexivity is understood as self-reflection about the researcher and their own biases, as well as the relationship between the researcher and their participants (Korstjens & Moser, 2018). The purpose of reflexivity is to ensure that researcher has minimized any undue influences on the research findings. Here, I describe two methods that I enacted that require ongoing reflexivity.

5.5.1 Deep emotional analysis

The first method is deep emotional analysis. Similar to textual analysis, deep emotional analysis requires multiple experiences of engagement with the emotional content of an interview. Emotional content includes that which emerges within the interviewee, between interviewee and interviewer, and solely within the interviewer. Emotional content may arise for interviewee as they arrange the interview, during the interview, and after the interview. Interviewee's emotions cannot be fully validated unless the interviewer asks about them, or the interviewee offers to discuss them. Interviewers, in theory, have more direct access to their own emotions. Emotional content for the interviewer can emerge during the interview, after the interview, and during data analysis, such as when listening to and transcribing audio recordings or when coding data. Emotional content may be documented in field notes and memos, or they may resurface when the researcher reviews interview transcripts.

How researchers manage the emotional content of an interview is rarely addressed as a subject within qualitative research. However, the emotional engagement of the researcher is critical to understanding our potential influence on research findings. Emotional reactions can make us reject another person's reality, avoid discussing a topic, or unduly bias us towards conclusions that feel more comfortable (Eleftheriadou, 1999). Our emotional states also influence the co-construction of the interview between ourselves and interviewee (Madziva, 2015). Part of this co-construction is about the 'space between' the researcher and interviewee. Emotional interactions, not just cognitive interactions, are a part of the interview as much as emotions are a part of any interactions between two people. There is emotional work on the part of the interviewer merely by conducting the interview. The interviewer must compartmentalize any stressors or feelings related to their personal life, manage reactions to participants' responses and be alert to signs of emotional distress in participants. If the space *feels* hostile, uninviting, or disinterested, it will have an impact on the interview participant.

One of the reasons why I utilized my status as an insider was to help gain access to more survivors. In other words, I assumed that my insider status would help survivors *feel* more comfortable. However, it is likely that it was not merely my insider status, but my ability to help people feel at ease. Rather than focusing too much on a researchers' status as an insider or outsider, some researchers recommend giving attention to the researcher's capacity, or lack of capacity, to empathise with research participants (Gair, 2012). Although it may be assumed that insiders have greater capacity to empathise, there is evidence to show that both insiders and outsiders can over-empathise and under-empathise (Gair, 2012). By paying attention to my own emotional states before, during, and after the interview, I could assess what I was bringing to the space between the interviewee and me.

Deep emotional analysis while transcribing and analysing transcripts was also important. It allowed me to intentionally move between insider and outsider positionalities, and to utilize the benefits of both positions to enhance my data analysis. For example, when thinking about issues suicidality and a desire to live, I had to intentionally question my own perspective. On the one hand, I designed this study to uniquely harness insights that my lived experience might provide. On the other hand, I did not want my own lived experiences to overshadow what participants were sharing with me. I needed to compartmentalize my own experiences of suicidal ideation, as well as my feelings in response to the fact that people whom I consider community members had also dealt with suicidal ideation. By creating different categories for my feelings, participants' feelings could remain separate from my own and could be analysed with greater clarity. When I accessed a lack of clarity in participants, I would revert back to my lived experiences to provide some potential directions for analysis.

Deep emotional analysis has the potential to address some of the critiques of qualitative research, providing a method for researchers to identify and address the projection of their own lived experiences onto their participants.

5.5.2 Commitment to Ongoing Ethical Engagement

The second method that I enacted and that I continue to engage is ongoing commitment to ethical engagement with participants. Many of the people I interviewed are still in my life. This requires additional care to ensure information they shared with me in their interview does not enter into regular conversation. When a participant referenced their interview with me in a public setting, I recognised this as an act of their own autonomy and acknowledged the shared reality that this interview did happen. However, I would not share the details of the interview; if asked to do so, I would remind the participant of the issues of confidentiality that they may want to consider and welcomed to disclose the content of the interview at their own discretion and on their own behalf. In this sole incident, the individual decided that sharing the information was not relevant to the conversation. It is also important for me to assess whether my current interactions with the participant are informed by the content of their interviews and decide on the ethical implications in either direction. If I act as if I do not know the content of the interview, this can have certain consequences. If I act as if I do know and remember their interview, this can have alternative consequences. Each potential consequence sits somewhere on the continuum from positive to neutral to negative. Where possible, I have initiated a conversation with participants about their own preferences for how I engage.

The other way that I engage in an ongoing ethical commitment is to ensure that the results of this study will be shared with the research participants as well as a wider population of survivors. Rather than handing them a copy of this lengthy and jargon-heavy document, I must do this in a format that is more conducive to survivor participants. In the months following a successful viva, I plan to conduct an open webinar for members of Survivor Alliance and other interested survivors. I will present to a smaller group of survivors first, in order to receive feedback about the language and content of the presentation. Disseminating my findings to survivors of slavery is a commitment that stems from my role as an insider researcher but also my commitment to ensure that survivor scholarship is emancipatory. Emancipatory scholarship ensures that survivors have access to outputs of knowledge production that they can utilise to improve their lives.

Ongoing ethical engagement and deep textual analysis are reflexive methods that go beyond traditional ethics requirements. I frame these two methods as radical reflexivity because they are actions which ensure that the personal can be made political through this research. It is personal for me to ensure that the insights from survivors are represented as accurately as possible, and it is person for me to ensure that survivors benefit from this study at least as much as I will.

5.6 Chapter Summary

In this Chapter, I have documented and discussed the researcher reflexivity that is required for any qualitative study. The chapter opened with an anecdote from one of my reflexive methods in order to illustrate the type of reflections that occurred over the course of this thesis. I also provided detail for each element of trustworthiness, which will enable readers to assess whether this study’s findings are transferrable to other settings. The chapter ends with a presentation of additional reflexive methods put in place to support me, and that I developed to enhance my ability to engage as a lived experience researcher. In the next chapter, I will present the key findings of this study.

Chapter 6: Findings – Part 1

In this chapter, I provide an overview of the participants whom I interviewed, painting a picture of key characteristics of the population. Then, I highlight how survivors of slavery identified wellbeing as a concept distinct from health. Most of this chapter discusses the building blocks of the definition of wellbeing established through this study. I provide empirical evidence for the building blocks and use quotes from participants to illustrate these. These building blocks will then provide the raw materials for Chapter 7, when I describe the construction process of the definition of wellbeing.

6.1 Participant Demographics

Sixteen people participated in this study. All participants were adults who self-identified as survivors of human trafficking or slavery, who spoke English, and resided in the UK at the time of their interview. There were no other demographic restrictions for research participants. In order to speak to the diversity within my research participants, I attempted to collect information on the following nine characteristics.

1. Age enslavement first began
2. Age enslavement ended
3. Years of enslavement
4. Age at the time of interview
5. Years lapsed since final experience of enslavement
6. Countries where enslavement occurred
7. Gender
8. Nationality
9. Country of current residence

Participants were asked directly about Characteristics 1, 2, 4, 6, 7, 8, and 9 if they did not already provide the answers in the course of the interview. Characteristic #3 was calculated by subtracting #1 from #2, and Characteristic #5 was calculated by subtracting #2 from #4. The demographics relating to age and years were collected due to my practice-based knowledge and lived-experience knowledge that these might be factors to consider when thinking about wellbeing. Also, I wanted to know where in a participant's post-slavery journey I was entering into their lives

As expected, I was not able to collect complete information on each characteristic from each participant, but the sections below describe in narrative form the data I was able to collect. In the interest of protecting the anonymity of interview participants, I am not including a table with the demographic information because it increases the possibility of revealing the identities of participants. Aligning multiple characteristics for one participant can ease the triangulation of data sources, creating participant profiles that may be matched to other publications and media sources that reveal individuals' identities.

6.1.1 Geographic Location

Most research participants lived in mainland England at the time of the interview (12/16), one in the Channel Islands, and three in Scotland. Except for the participant living in the Channel Islands, 13 participants lived in a city with populations ranging from 90,000 – 600,000 people. Two people were living in London, which has a population of over 8.6 million (Office of National Statistics, 2016).

6.1.2 Legal Status

At the time of their interview, nine of the sixteen (9/16) participants were still seeking asylum from the UK Government. Five held Leave to Remain status, and two were UK citizens at birth.

6.1.3 Gender

A majority of interviewees were female (13/16). Three were men. No one identified as transgender.

6.1.4 Nationality

Most participants were born in African countries (11/16). Two people did not want their country of origins revealed but identified them as British Commonwealth countries in Africa. These two countries are included in the 'n' number in the table below without naming the specific countries.

Table 9: Nationalities of Research Participants

Continent	# of People (n=)	Countries Included
Africa	11	Nigeria, Somalia, Gambia, Botswana, Malawi
Asia	2	Pakistan
Europe	3	Albania, England and Wales

6.1.5 Age at Interview and Ages during Enslavement

Table 10: Age-Related Demographics of Research Participants

Description	n =	Average (in years) *
Age at interview	n = 8	38
Years since exit from slavery	n = 7	6
Age at start of slavery	n = 8	20
Age at end of slavery	n = 10	31
Years enslaved	n = 11	8

* Rounded down to nearest whole number

The age range for the eight people who provided this information at the time of the interview was 24 – 55. The average age was 38 years old. The average number of years since exiting enslavement was six (6) years. This meant that an average of six years had passed between the time someone exited slavery and the day that they were sitting with me for the interview. The range of years since exiting slavery went from just under 1 year to 19 years. One participant could not remember the age at which they were first enslaved, and another knew that they were first enslaved in adulthood but could not identify the specific age. Only two people spoke with me at a stage in which the years *since* their enslavement exceeds the number of years *in* enslavement. These numbers are important because it demonstrates that the theoretical concepts derived from the data are sourced from people who might be assumed to be at different stages of healing or recovery, and who might be influenced differently by an *epistemology of survival*.

6.1.6 Relationship to Interviewer

Eleven of the sixteen participants were registered members of Survivor Alliance prior to their interview and ten of these eleven met me previously in-person through Survivor Alliance programming. All ten participants who met me prior to their interview continued to engage in Survivor Alliance programs after their interviews. The eleventh participant has not withdrawn their membership but is no longer an active Survivor Alliance member. The remaining five participants were recruited through other NGOs and I had no prior interactions with any of them. One interview participant joined Survivor Alliance in the weeks following their interview, and another joined after 18 months.

6.2 Wellbeing is Distinct from Health

Key findings that emerged throughout participant interviews were about the relationship between wellbeing, health, physical health, and mental health. The findings include:

1. Wellbeing is distinct from health.
2. Health is understood as physical health.
3. Physical health and mental health are both necessary for wellbeing.
4. Mental health and physical health can have an effect on each other.

Each of these findings are inseparable and evidenced through participants' speaking to multiple concepts simultaneously. Participants spoke to the differences directly, as I asked them if health and wellbeing are the same. Their responses to this question illuminated their understanding of the concepts and informed my definition of wellbeing. The quotes provided below were selected for the clarity in which they speak to findings. They are most illustrative of the concepts, rather than singular perspectives of the individual who is quoted. For this Chapter and the following, square brackets [ ] are used to indicate when I have altered the capitalization or changed a suffix to enable ease of reading or understanding. Parentheses ( ) are used to inform the reader about non-verbal signals such as laughter or tears. The ellipsis, . . . , is used to indicate that I have removed repeated words such 'this,' 'um,' 'you know', to enable brevity or make a quote more succinct. The dash, - , is used when the speaker ends an incomplete train of thought and starts a new one. All brief quotations start and end with double quotation marks " ". Some quotations, primarily longer quotes, are indented in the text to enable ease of reading.

The distinction between health and wellbeing occurred throughout all interviews and Jenny illustrates this differentiation when she says:

> My wellbeing is just, like, different from healthy. I eat healthy but being well, being, (laughter) is different because after all we have eaten healthy, taking your medication, but deep down happiness, you know. So you can be eating healthy, maybe exercising, but maybe deep down there's no peace, there's no happiness. - Jenny

She compares "eating healthy and taking your medication" to "deep down happiness" and also begins to link the concepts of peace and happiness with wellbeing. She describes wellbeing spatially by stating it is an experience that is "deep down". For Judy, wellbeing and mental health are linked, and possibly one and the same, and also interconnected with physical health:

> Wellbeing means, like [I] think could be health-wise, how you eat, how you feel physically, are you able to manoeuvre about, are you able to do your own things. And the most important thing about wellbeing, I think it all starts with the mental. Yeah, if your mental health wellbeing is okay then everything else physically, emotionally, will flow in – Judy

Judy describes mental health as the "most important thing about wellbeing" and the driver of other aspects of health. Mental health is elevated in status above physical health because it allows "everything else physically, emotionally, will flow in." Here, Judy highlights what other participants indicated as well: mental and physical health are necessary for wellbeing and can have an effect on each other.

Adaora also describes the health and wellbeing as distinct but interconnected:

> When your health is not okay, your wellbeing is not okay, isn't it, yeah. Because both of them work together. So maybe now, inside me, I'm not feeling very well, but outwardly, when you see me, you think that everything

> is very good, if you understand.

Adaora draws our attention to what is visible to others “outwardly”. For her, someone can appear okay on the outside, but the inside is not well. When asked what she meant by being well on the inside, she described, “Well mentally, because for the trauma I have passed through, I’m not okay inside, that's inside me.” Similar to Jenny, Adaora is mentioning a spatial component to wellbeing – it is inside rather than outside. Nina and Isten describe wellbeing as distinct from health but cannot pinpoint specifically what is needed to achieve wellbeing:

> I think wellbeing probably be the - to me probably be the overall lifestyle of how you live. Healthy lifestyle is, you know, day by day, how do you - the way the people count calories each day, how do you live, how do you eat, what do you eat, you know. But wellbeing is the overall of your whole lifestyle, I think. – Nina

> Well I don’t think they are the same because you can be - I don’t know, actually. Healthy, you can be okay; you can feel healthy, but not mentally or physically okay, or emotionally okay. So to me, if you are okay, and those are - there's been some missing, or if one of them is there, but the rest are missing, then it’s not complete. – Isten

Nina, similar to Adaora above, mentions that eating habits are related to health, but this alone cannot determine wellbeing. Nina does not identify exactly what must be present in “whole lifestyle” to achieve wellbeing, but she can identify that is more than what you eat. Isten also does not clearly identify what must not be missing in order to achieve wellbeing, but she does make clear that wellbeing is “not complete” when “the rest are missing”.

Laura speaks to wellbeing beyond the concept of physical health. She illustrates it by describing her vision of wellbeing:

> So like, I just sustain myself so that - any other component in wellbeing, just having an environment that you feel comfortable in. That you feel valued and that you feel confident in, I think. Like having a community of peers that you bond with. Like having survivors who understand you, who know they will not ask you something, or why are you acting this way. Why are you sad today, why are you - what happened to you?
>
> Otherwise, if you go somewhere else, oh she’s - they’ll be like, oh she's sad again, I don’t know what’s wrong with her. But they don’t

> understand it like, what we have been through. So I think, having that environment is really important for wellbeing as well. - Laura

Laura articulates that “having an environment that you feel comfortable in” is important to wellbeing. She points out the need to have a “community of peers” and people “who understand you.” Laura’s vision of wellbeing might appear to fit into conceptions of mental health (for example, a desire to feel understood could signal feelings of alienation), but she herself has not categorised her vision as mental health related.

The emphasis on wellbeing as distinct from other elements of health shines through the examples provided above. This distinction gave additional validation to this thesis’ research focus on the construct of wellbeing instead of health. As discussed in Chapter 2, the World Health Organisation utilizes health as the overarching term that includes differentiated elements of wellbeing. For survivors in this study, wellbeing is the overarching term which includes differentiated elements of health. The remainder of my findings centre on key theoretical concepts that emerged organically through careful coding and categorisation of participants’ interviews. The concepts expand and integrate the overarching idea that wellbeing is distinct from health and interconnected with physical and mental health. The theoretical concepts are the foundation upon which I built a definition of wellbeing for survivors of slavery.

6.3 Theoretical Concepts

The seven theoretical concepts that are the pillars of my definition of wellbeing are each distinct from one another, but the intersections between them are many. The core concepts are:

1. Relationship-based
2. Time-bound
3. Practice of wellbeing
4. Desire to live
5. Managing impact of trauma
6. Building a life worth living
7. Education

Each concept is presented below in the order in which they will appear in the final definition. For brevity, I was not able to include the voice of every participant who spoke to a specific concept. As a reminder, I selected quotes from participants that best illustrate the origins of the concept. I have also woven throughout each section, the unique intersections with other theoretical concepts.

6.3.1 Relationship-based

The role of relationships in participants' experience of wellbeing is omnipresent throughout all the interviews. Participants spoke about relationships with other people and as well as a relationship with themselves. Relationships with others is a key method for survivors to engage in externally focused activities, which help survivors get outside of their own minds where distressing thoughts and feelings occur. This links to the 'Managing the impact of trauma' concept, where a key practice is to do anything that 'Gets their mind off [the trauma]'. A few of the relationships that survivors emphasized were with children and family, key workers, members of the public, and other survivors. The relationships with children and family serve as a meaningful purpose for survivors and will be discussed in the 'Desire to live' section.

6.3.1.1 Relationship with others

The relationship with key workers, local community members, and other survivors are important for survivors to feel understood and supported. Many interviewees recognized that positive interactions with representatives of social care institutions can play a key role in their wellbeing. For example, solicitors, college disability support services, or having one very strong advocate from an NGO was very important to survivors. Akeisha was very fond of her support worker, answering that "One thing have, well, my support worker have been actually helpful. Because if it wasn't for she keep pushing, pushing, pushing, I would have given up a long time." Akeisha continued on in her interview to compare her current support worker to her previous one, indicating that her current worker does not advocate on her behalf as persistently.

Another positive experience is highlighted when Liz talks about her solicitor as being more of a role model than a support worker:

> you know, she was not just a lawyer for me - I think because she was a woman and I, I, I never seen a woman, you know, in her position and I kept thinking, "Why can't…, how does she…how does she have the…that power to…

The solicitor was the first example for Liz of a woman holding a position of solicitor and "have that power." Two other participants, Gerry and Sandra, also spoke highly of people who worked for a charity from which they both received support. In her interview, Sandra indicated it "has been so wonderful." Both of them referenced how that organisation's support workers would accompany them to court visits, be available to listen and Gerry articulated that "they're just there, they don't look down on your skin colour, they just see everyone as the same. The help is there if you come to them, always." Gerry highlights the reliability of the support worker and the notable lack of racial discrimination.

The role of relationships with other people for wellbeing was also highlighted through many participants emphasizing the importance of telling others about the trauma they endured:

> Being able to speak openly about what I've been through, and for people to actually to listen, is a big thing in like, wellbeing – Brian
>
> [L]ike after they come out of those situation, they need somebody to talk, they need somebody to listen, you have to go to counselling - Akeisha

Both Brian and Akeisha underscore that the act of talking about the trauma requires a listener. Speaking to another human being is what transforms talking into a relationship-based activity. Harmony also shares about the importance of the listener when she explains the help she received from a psychologist:

> I think talking, talking, speaking out is, is, is - when you see somebody to talk, someone who is really understanding. Somebody who really understands the situation, who knows what you've - but not that have walked in your shoes but at least she has an

> understanding— you guys able to talk together. I think that, that, that really, that really goes a long way. You know, you feel like we've shared a lot of, something that's come off you. – Harmony

Harmony describes the importance of someone who can empathise, even if they have not "walked in your shoes." She alludes to the concept of sharing a burden or having someone help to carry a load when she says "something that's come off you". Isten also references the personal benefit of speaking out when she recommends programs encourage survivors to speak about the trauma. She says,

> I'll also encourage them to speak, no matter how difficult it is, or how painful their experience is like. They should just keep talking and talking and talking with the hope that the world can change into a better, or until they feel like now… they feel like now they feel better within themselves. Because I think not feeling better within yourself, is something that is just, will turn you into that depression.

Despite the act of talking being painful, Isten encourages other survivors to speak. In this hope for the world to change through speaking, Isten reveals how talking can come from a relationship that someone has with the world at large. This relationship with the world is established or maintained through something such as hope. Isten also indicates that speaking is a route to improved emotions, specifically that feeling better within yourself wards against depression. Speaking about the trauma can be part of a relationship with oneself.

In addition to supportive individuals from social institutions, participants spoke about the benefits of engaging with other survivors. Isten explains the benefits of sharing with people who have similar lived experiences:

> I believe that it's, it's easier, or a little easier when somebody's talking to someone who has the same experience as them. So maybe if it was going to be a group that have people with the same experience, and then they can help like those, one-to-one's. – Isten

Laura echoes her sentiments:

> Like having a community of peers that you bond with. Like having survivors who understand you, who know they will not ask you something, or why are you acting this way. Why are you sad today, why are you - , what happened to you? – Laura

Laura provides a potential explanation for why speaking with survivors is easier than speaking with people without lived experience – “they will not ask you something”. Laura’s examples of the things that people ask – “why are you sad today, why are you- , what happened to you” are questions that she implies are unnecessary. She believes that speaking with survivors means that these questions will not be asked, because survivors can understand how questions that seem innocuous to others are not actually innocuous for survivors. For Harmony, knowing that someone is a survivor gives them more credibility. When making a suggestion that intervention programs have more veteran survivors talk to new survivors, Harmony described that newer survivors might think: “ ‘Oh, she’s been through my situation so fine, I can listen to her, I feel I can open up and talk to her.’ You know, she would believe me more”. Harmony reveals her own assumption that survivors will believe one another more.

Participants also indicated that other survivors help to address the feeling of alienation and bring positive experiences to their lives. For Laura, when she “come here and be with you, all of these people, all of the other survivors [Name] all of the other survivors in this environment is critical to me that it’s so positive. And you just feel confident to… you feel valued I would say.” Laura is referencing a Survivor Alliance event that happened the day before her interview. In this event, she and other survivors were provided with leadership training. Another example of the benefit of engaging with other survivors is provided by Brian: “And it also helps if you’re in touch with other survivors as well, and learning off other survivors, learning different tactics, trying not to get stressed out.” For him, the relationship with other survivors is to share learning about “different tactics” related to “trying not to get stressed out.”

As with all relationships, they can be positive or challenging. Participants emphasized the challenge of others' lack of understanding about slavery and how this lack of understanding is reflected in support systems. Participants indicated that this results in their lived experiences being dismissed, feeling distressed, and carrying a feeling of alienation. Akeisha highlights the challenge of others' ignorance by providing a detailed example:

> Well, the people only want to focus on what happened, they don't want to know about after, how you try to overcome, what you're doing to overcome then, what you're trying to do now. I think a lot of people don't understand like now situation, not before but now situation, because a lot of people, they need, like after they come out of those situation they need somebody to talk, they need somebody to listen, you have to go to counselling, you have to try to get your life back together.
>
> So people don't understand the things that you have to go through to regain your life back. Yeah, because to me everybody was, 'Are you okay?' I was like, 'Do I look okay?' (laughter) Because only they feel okay, and you will get through it and everything will be okay, but it's easy for them to say—

In this comment, Akeisha is speaking about people in the broadest sense. She points out how others will "focus on what happened", referring to the trauma of modern slavery, but "they don't want to know about after, how you try to overcome." Akeisha is highlight that there is little understanding for what she is going through, after exiting exploitation. In stating, "it's easy for them to say", Akeisha identifies a difference between her subjective experience and the perceptions of others. Adaora also speaks about the general public's disbelief, stating: "Yeah, most people, especially the English people don't know. And they don't know that there is something like forced labour, they don't believe it. They know - yeah, they don't believe it at all." Laura revealed her own sense of alienation throughout her interview:

> Yeah, but because when you move into a new city, you don't have much friends. You have to rebuild those things, but you are a survivor, you just don't integrate with people.

> So you just like [pause] for the first thing, you are - you yourself saying that you're different and that other people come in and they said, oh yes, you are different. They just confirmed that reality in your head.

Laura wrestles with the idea of being different and separate from non-survivors. Her experience of modern slavery inherently creates this divide between her and other people, and other people also validate this divide.

The lack of understanding extends to service providers. Kapeni shares,

> That there's more to be done. I think they should do… they should like, the people they're employing to be supportive, they should train them more. Especially about this emotional support. I think a lot of the support workers, they don't know anything about… they just supporting you, but I don't know if they… because maybe they never experienced anything, or they don't know much. It was…my support worker was saying that she didn't understand much about Human Trafficking.

As a result of this lack of understanding, Kapeni talked about how his support worker didn't provide emotional support and actually brought him more stress. He shared that her main objective was to bring him his subsistence payment, but her presence would be stressful. He states, "So from morning, she see people, they tell me, [then] you see me, sometimes you come with attitude and you're like stressing." Kapeni is referring to the fact that his support worker would tell him she has been seeing people on her case load all day and also that "after she would see me she is going home straight away." He would experience her arriving "with attitude" and emanating stress from her job. This was too much for Kapeni and he began to minimize contact "I don't want to make me see her because what was happening… Every time you see me, I was actually stressing more."

Another example of how a lack of understanding caused participants distress is when the lack of understanding is built into bureaucratic systems. Worthy of Love highlighted that "even if you're not going into graphic details, even if you're not going into your whole story, the fact that you have to explain constantly part of anything." She was referring to needing to explain her lived experience to employers and government agencies. When seeking disability accommodations or needing to explain why certain documents are not available for records verification, Worthy of Love and other participants found themselves needing to share that human trafficking is the reason for their situation. For example, explaining that ID documents aren't available because they were stolen by perpetrators. Although Worthy of Love was not asked the details of her trauma, the details needed to be provided to help navigate a present-day situation.

6.3.1.2 Relationship with self

Another component of the 'relationship-based' theoretical concept includes survivors' relationship with themselves. This relationship requires survivors to reflect, analyse, notice, and think about themselves and their lives. One way that survivors discuss a relationship with themselves is in the realm of responsibility for their wellbeing. Adaora says,

> I'm trying to [inaudible] because I have - my past experience have weighed me down. I have suffered for it for a while, but now I'm trying to you know, put myself together, and I don't want people, I don't want it to be written on my face anymore. I'm trying to help myself, that's it, yeah.

She recognises that her "past experience have weighed [her] down" and so is "trying to help [her]self". Adaora reflects on her own assessment that her past is "written on her face" and that she does not want that anymore. Judy also recognises her own responsibility when she shares what is needed to improve her wellbeing:

> To improve my wellbeing, I think first and foremost it's, I have learned that it's, has to be with me, with me. Not anybody else can push me and tell me, 'Do this.' My wellbeing has to be me, and I'm working on that. And I think I'll achieving, I'm achieving it. I've not achieved it, I'm achieving it. And to get there, I think I'll get there, I'm still on a journey. Nobody else will come and tell me, 'You have to do this for you to get it,' it has to come within myself. And I'm accepting myself, who I am, and because I can see the light of it, the light, I can get, I'm getting to what, what I want, and that still makes my, makes me happy.

Judy indicates that others will not tell her what she has to do; rather, it "has to come within [her]self." In this quote, wellbeing is a destination to get to. Judy acknowledges that she is "on a journey" and she thinks she will "get there." She speaks of self-acceptance as part of her wellbeing and self-acceptance requires a relationship with her self.

Other participants also spoke of self-acceptance in a variety of ways. The talked about their identity and loving themselves. Harmony reflects on how she has had to look at beliefs that are residual from being enslaved in order to accept herself:

> Because that was what I was made to believe, that there is something wrong with me. And then, but she was able to tell me that, "No, it is not your fault." At that time I was powerless, there was nothing I could do at that time. But now that I'm out, you know, I need to focus more on myself and don't, I don't, then I was think, I was denying it's happening but she said, "No, don't deny it, don't deny the fact that, what has happened has happened, what you should focus on now, is who do you want to be, what do you, what are the steps towards that," so she started working on that and she was with me for like almost two years, which was really helpful.

Harmony is describing a conversation with her therapist where she is told not to deny her past because she was not to blame. However, instead of denying the past, Harmony was encouraged to focus on the identity of who she wants to be now. Sanu shared that life after enslavement is also about his identity. He says,

> it's look like as like I've got back my identity back. But what I was before, as like I can, I'm just like a [inaudible]. But now I'm feeling like okay, now I'm a man, I'm a human being, I have some rights and I now, I'm in like, a free bird. I, at least I can do something for other people. So those kind of feelings. But when you are trapped, you have not any, what do we say, you have not any goals in your life, just you are working, and just have some food sometimes. This is it. Now, I can do volunteer work, I can involve myself in my study, I just get my identity back, you know, lots of things, loss of worry.

Sanu speaks of elements that he connects to his identity – having goals, volunteering, and studying. He makes it clear that these were absent when he was being enslaved and the return of these elements symbolises a return of his identity.

Gerry links her identity to being able to love herself and others. As she described not wanting to have a child, she revealed:

> To not just, I'm not saying having a child is bad but at least let me find myself first before I can find someone else, let me love myself first before I can love someone else. If I don't love myself, I can't love someone else. If I don't discover who I am then I won't be able to discover, you can't give what you don't have.

Gerry wants to "find [her]self first" and speaks about the process of "discover who I am." She is clear about having a self-discovery process and that this is linked to being able to love herself. For Gerry, loving herself is a relationship with herself, but will also enable loving relationships with others.

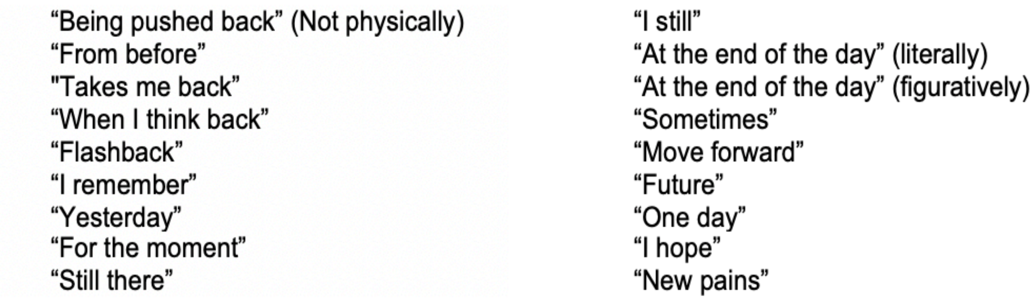
Jenny and Brian both speak about loving themselves as part of their relationship with themselves. For Jenny, she is "very proud of myself because, um, now I can love myself and I feel that I'm strong. [laughter] Because you think where, what I went through, if there was somebody else, they would have given up or something." Jenny recognises that one reason she loves herself is because she was able to withstand all that she has endured in her life. The ability to feel pride about herself represents the relationship she has to her own experiences. For Brian, "To be honest, my wellbeing is how I feel in myself, inside. I mean if I love myself." In this sentence, he describes wellbeing as equivalent to loving himself. In other parts of his interview, Brian does recognise other aspects of wellbeing, but this is clearly of great importance to him. Brian also references the spatiality of wellbeing being "inside," just as Adaora and Jenny when speaking about wellbeing. If wellbeing is inside one's body, then participants would need to have an internal experience to recognise its presence.

In Case Analysis

Uniquely in her interview with me, Isten was the only one who highlighted the role of other people from a different perspective. When describing wellbeing, Isten said that it is " to be around some people that I love, who loves me" and "when I have somebody who supports me and understands me, around." These two statements struck me as different from others because they emphasize the need to be loved and supported by more close “others”. As she carried on speaking, it became clear to me that Isten was referring to a significant other. She was the only person to do so, and it caught my attention. While having a significant other as a source of support and love could be categorized more generally as needing loving and trusting relationships with others, I sensed that Isten was referring to something more specific. Because in other parts of her interview, she referred to support workers and fellow survivors, these statements were clearly about a different type of support. It also struck me that in the relationships with support workers and survivors, there was a sense that Isten was the subject of the relationships. She was one who could initiate or determine the structure of those relationships. In these two statements, it appears as if she is requesting to be the “object” of someone’s love and understanding. In this case, Isten’s reference to love is also very different to care and support from a case worker or support from peers. A desire for love, stated in the way that Isten did, also struck me as a challenge to existing concepts of wellbeing that are direct responsibilities or measurements about an individual. Love, as a component of relationships with others, introduces an interdependent element of wellbeing.

6.3.2 Time-bound

The second theoretical concept that emerged from data analysis is the concept that wellbeing is time-bound. Participants articulated that they acknowledged the existence of time and the fact that events can span across time, even if a short period. Participants also demonstrated that they had indicators to reflect an assessment of something at a given point in time. Indicators were used to assess progress or change, requiring the participant to reference at least two points in time for their assessment. The clearest evidence of wellbeing as time-bound came from participants' use of measurements of time and words or statements about their awareness of time. These words and phrases included:



- “Being pushed back” (Not physically)
- “From before”
- "Takes me back”
- “When I think back”
- “Flashback”
- “I remember”
- “Yesterday”
- “For the moment”
- “Still there”
- “I still”
- “At the end of the day” (literally)
- “At the end of the day” (figuratively)
- “Sometimes”
- “Move forward”
- “Future”
- “One day”
- “I hope”
- “New pains”

In these words and phrases, we can see that participants spoke directly about the past, present, and future. The most common reference to the past was in regard to being reminded of traumatic events from exploitation or of life before exploitation. The following quotes are a few that demonstrate how the past can show up for participants in different ways.

> [T]hey expect me to be perfect all the time, they expect me to be happy all the time, but there, there will be times that you flashback to what happened, it will definitely happen, and for that time it might wear you down. - Harmony
> I’m trying to move on, and I cannot move on when every time I have to do, going to the interview, I’m being asked to – ‘what were you doing in this time?’ It’s more like dragging me back to where I was. So that it’s making it difficult also to move on. – Isten
>
> [Y] ou can watch, you can be watching something on the telly or you can be somewhere [inaudible] you’ll be, something can happen, can trigger the memory back. – Judy
> I am here today, I’ve been through, I can’t get anything back from the past, but it might be I’m saving lots of people to fall in this trap, all those kind of things. - Sanu

For Harmony and Isten, the past comes up in relation to interacting with other people. Harmony is discussing what she wished people knew about survivors of slavery. Her experience of others' expectations is incongruent with her lived reality of "times that you flashback to what happened". For Isten, a job interview feels "like dragging me back" because of being asked to explain what she was doing during the years not listed on her CV. On the other hand, Judy describes the past arising in more mundane life situations when "something can happen, can trigger the memory back." And Sanu is describing his relationship to the past when in context, he was actually speaking about his current ambitions.

Statements about the present centred on stagnation or an experience that remains. Participants used the word 'still' repetitively, such as "still living", "still hurting", "still stuck", "still down". Participants were not speaking about physical stillness, but circumstances remaining the same over time. Adaora shares that, "sometimes when I think - if I want to think back and think present, you know, it very heavy on me. It's like, you are in this stagnant position that you don't know when it's going to end. You know what I mean?" Adaora describes the experience of "think back" and "think present" as one that is difficult. For her, she sees that she is "stagnant" in the same place now as she was before and there is no end in sight. For Isten, when describing that it helps to have a child in her life, she says, "even though they care about me or they care about me and they maybe cannot do much about it. So it's still a hurting situation as it is." Despite her child bring love into her life, she recognises that her child cannot change the situation. It is this that keeps her in the feeling of hurt.

For other participants, the word 'still' was used to reference that fact of their existence. Three examples are:

> But still, still, still I have a life to live. – Jenny

> When you look at the scar I look at how far, how far I've come, you know, how far I have come and the fact that I am still alive, you know, I am still, I'm getting stronger every day. – Harmony

> What I feel proud of is that still… I'm still living. That's it, I'm still living. I can say I don't have money, I don't have nothing, I have got nothing, I'm still living. – Adaora

This use of the word 'still' has a more positive connotation than the connotation that stagnation carries. Jenny speaks of retaining something – "still I have a life", and Harmony and Adaora speak about perseverance across time. Harmony specifically refers to a metaphorical distance that she has travelled – "how far I have come" – which means that she references a change from a previous time in her life. Adaora highlights that despite the fact that she "have got nothing", she is proud that she continues to live. Continuing to live – "still living" is an act that is bound in time. To continue means to resume or commence as before. Having a before and a now means there is a change of time.

Participants also demonstrated their awareness of time by revealing their observations of progress or changes in life. Gerry reflects on how her life used to be:

> I remember when I used to stay at home, I used to get more depressed and all of that, but then if there was something I was looking up, forward to every morning, I know I can, I have to go somewhere and then I start forgetting about what, the thing that is actually making me depressed and all that, and then that kind of helped me.

She is speaking from the perspective of reflecting back on a prior time in her life and noticing a change in her behaviour. By stating "when I used to stay home" Gerry indicates that this is old behaviour instead of present behaviour, indicating a change in time and circumstance. Isten shares how time and circumstance can bring new pains one was not expecting:

> when I grew up without my siblings, it wasn't something that affected me. I think then, I had accepted it, it was more like a normal thing. But now when I, you know, but now when I just sit down, and then I just think about it. But why is like everybody else, their siblings, can talk to their siblings. – Isten

Isten reflects on the fact that growing up without her siblings did not seem problematic. It was only after her experience of modern slavery that she began to question when "everybody else can talk to their siblings" but not she. Isten notices this shift in her experience and makes the link between having this reflection, and the timing of the reflection being different “now when I just sit down” from “when I grew up”. Although Isten did not provide an interpretation for why her thoughts about living without siblings have changed, it is the act of noticing this change that highlights the theme of wellbeing as time-bound. How participants think about their wellbeing is connected to their experience of time, their reflections about past, present, and future, as well as any changes over time in their understanding about their experiences.

6.3.3 Practice of wellbeing

The defining feature of this concept is that wellbeing is experienced through action - wellbeing by doing. Wellbeing is enacted through behaviours and it is an on-going practice. The practice of any skill or behaviour requires internal and external indicators for the assessment of progress, and participants demonstrated they are attentive to their progress. The concept of progress is also an indicator of wellbeing as time-bound. It is through thinking, feeling, reflecting and analysing that participants are able to modify their practices and determine which practices work for wellbeing. Brian speaks eloquently about several practices that support his wellbeing:

> I’ve started the gym a couple of months ago, lost quite a lot of weight, enjoy life more. Eating, eating properly, more of a controlled diet instead of rubbish, you know. I’d rather make things from scratch instead of actually go into a take-away, or a chip shop, or [long pause] I’m more home, home bodied now.

Going to the gym, eating properly, and making food from scratch are three practices that Brian identifies. He also notices that he “enjoy[s] life more”. In this window into Brian’s life, we see that he recognises a change over time from “a couple of months ago.” Brian also identifies a change in preference when states “I’d rather” and “instead of.” These changes are indicators of his wellbeing, and they are borne out of the practices of going to the gym and cooking at home.

Participants shared 49 practices that facilitate wellbeing (see Table 11). While many of these practices can be enacted by the participant themselves, some require other people. One way that participants experience wellbeing is to enact practices with others, such as “someone to explain what you went through”, “socializing”, and having “home care help”. This is where the concept of wellbeing as relationship-based is intertwined with the concept of wellbeing as a practice.

Table 11: Participants’ Self-Identified Wellbeing Practices

Friendship	Speak it out	Talk to myself
How you eat	Having employment	Knowing how things work
Mingling with the right people	Someone to explain what you went through	Turning the fear/what I went through around
Play with kids	Going to the gym	Learning to say no
Yoga	Learn from other survivors	Faith/religious beliefs
New experiences	Not adding more pains	I feel the sun
If there was something to look forward to (it helps with depression)	Distraction/not thinking about trauma or bad thoughts	Setting a non-negotiable boundary - “I don’t want to go there anymore”
Find out what [we] want to do	Keep away from that deep emotional feeling	Having a positive voice talking to you
Socializing	Meditation	Networking
I like to see the sun	Someone talking to me	Emotional support
Somewhere to go	Medication	Home care help
Distraction helps when low	Someone to talk to	Participating
Encouragement from others	Help is there when you need it	Voluntary work/Getting involved
Hobbies	Space to do things	Telling other survivors
Movement	Not having to explain story	Self-recognition
Go outside	Do things that are uplifting	Listening to music
Put myself together		

Practices need to be applied and performed, such as the example that Brian provided above. The plethora of practices is due to the individual preferences of each participant. It was also evident that most participants had multiple practices of wellbeing.

Judy shares how multiple practices help her:

> Yeah, I used to come out in the morning, have a jog around early in the morning come back and then, the outside, you know, make me feel, you

> know, you know when you do exercise— you feel like your mind, it help me physically, help to, to take myself, to bring my emotion down. So it all depends outside, like any sports or any activity someone likes to do. So, yeah, for me I like jogging, I like keeping myself busy, I used to read some books. I like to knit.

The act of exercise physically helps Judy "bring [her] emotion down" and keeps her busy. Judy also recognises that others might want to do something else and that the "activity someone likes to do" might be different from her ideas. For Judy and others, the practices of wellbeing are to distract from thoughts and distress caused by trauma. Akeisha mentions that she will "go for a walk in the park help me break the stress down. And listen to music or just read a book and do puzzle. Yeah, so if I'm stressed, I try not to think about why, I'm going to try to think about where I'm going." For Akeisha, when she "try not to think about why" she is referring to not thinking about her present situation. Rather, she thinks about the future and where she wants to be. Actions like walking, reading, and listening to music are all included in these practices of wellbeing that she can enact for at the necessary times. Akeisha has become aware of herself enough to be able to identify these practices as useful. It is this awareness that links the theoretical concepts of relationship-based and time-bound wellbeing with the concept of wellbeing as a practice. Akeisha has a relationship with herself – to know what works for bringing her stress down - and her practices of wellbeing aim to focus her away from the current distress and on the future instead. Not only are her distraction activities practices of wellbeing, they are also methods for managing trauma symptoms.

Practices of wellbeing can help participants bring their attention from a time period or experiences that are distressing to one that is less distressing. Focusing on the practice itself enables this temporary time travel. The time travel I refer to is in one's mind – shifting the time where one's attention lies. It can also be about reflecting on changes over time. For the practices of wellbeing, participants reflect on the changes over time by using indicators for wellbeing and measuring progress. Indicators also allow participants to have a marker to strive for or to recognise in themselves. Judy describes,

> if you're in a good state of mental health, is whereby you wake up, you straight say, you can go to the kitchen and make breakfast, like you're ready to, to achieve something, "Oh, I wanted to do this," you're out, you're getting out of the house going for it, going for your goal.

Earlier in her interview, Judy indicated that mental health is a large part of her wellbeing. This quote shows that an indicator of good mental health is the ability to "wake up" and complete actions "like you're ready to achieve something". Judy references an indicator that is internal, whereas Worthy of Love suggests an indicator in the external world. She says,

> [I]t would sort of mean that the issues that we come up with that are repeated over… as a survivor that you come up against repeatedly, no matter how long you've been a survivor for, there's always… there's issues and obstacles that come up, that then we… that cause problems. And it's for us; the wellbeing would be in a situation where that's not happening.
>
> In a you know, ideal world situation where, where you're not sort of thrust back onto having to tell your story, having to explain stuff to powers you know, like to government departments or officials or whatever. You know, like I'm still trying to get ID, still trying to get a British Passport. I'm dealing with Australian Passport people and English Passport people, and they won't get together and have a conversation. So you just get tossed around like a tennis ball.

The external indicator of wellbeing in this case is the absence of facing repetitive issues when interacting with institutions such as "government departments or officials." Worthy of Love is highlighting the need for institutions to enable wellbeing through practices "where you're not sort of thrust back" or "tossed around like a tennis ball".

Although both Judy and Worthy of Love's indicators are qualitative experiences, they are also easy to grasp. Their indicators do not neatly integrate into validated psychometrics, but they are concrete experiences that each of them can identify. Indicators are important for practice of any activity, as they allow us to determine our current capacity and assess our distance from the capacity we desire to achieve. The theoretical concept of wellbeing as a practice incorporates indicators as a necessary part of the learning process inherent in developing behaviours. A practice of any sort requires learning, and progress in learning is measured by unique indicators. Participants in this study indicated that unique practices they enact to experience wellbeing are enabling change, over time, and accessed through relationship with others and themselves.

6.3.4 Desire to live

Every single interview participant referenced a battle with existence and experienced suicidality in their life after enslavement. Survivors in this study demonstrated that they are engaged in two key existential questions: why be alive and what to do with this life? The question of why be alive, is a question of meaning. The question of what to do with this life is a question of purpose. Each participant was at a different stage of wrestling with these two questions and indicated that the answers to both questions are intertwined.

> [S]ometimes I just feel like, I just want to end my life because when it is too much for you, when you just everything you see around you, even if you don't see it around you but you just imagine it, you just feel like, you just want to give up everything, you feel tired, you just want to die, just feel like it's over – Sandra
>
> And then 2017 it was, we didn't allow to anymore, it was refused, and at that point I know I had just, and then I lost my mom, my mom died in 2015 and I just felt like, 'Okay, I don't want to live anymore.' There was no, you know, there was nothing to live for. - Gerry

Sandra connected her suicidality with life being "too much for you" and "you just want to die." The quantity – something being "too much" - is linked to "just want to give up everything." Gerry makes a connection between "nothing to live for" and the lack of desire to live. The recent passing of her mom and a refusal from government of legal immigration status led Gerry to see no reason for living. These external circumstances had an impact on her desire to live. And yet, she is able to find a purpose through using her traumatic history to educate others:

> For me, that was it – cuz when I was – me, even though I did not go to school a lot, I did not have a good education from the beginning but I remember when I was with the lady that trafficked me, I always um, write, write like a movie. But if I want to do something like this organization in my life today, people don't want to go through it. I don't mind using my story as a film. I'll be honest, I don't mind using my story, because I have been through a lot from my background from my life, for my journey to Nigeria to here, I've been through a lot of things in my life. For people to know, I want my journey to be a film or something. – Gerry

Through Gerry, we see the link between several of the theoretical concepts of wellbeing. Gerry finds value in a relationship-based enterprise - sharing her story with other people; her desire to live, or lack of, is connected to her mom and loss of family; and yet she also develops a purpose – "I want my journey to be a film or something". Gerry also demonstrates a relationship with herself and her past, as she reflects on the memory of "the lady that trafficked" her and that she "did not have a good education." Gerry provides an example of what many participants shared – the desire to live may not be a consistent desire and it must be created and practiced.

Brenda shares one of her practices for feeling a desire to live. She says, "When I want to feel alive, I go outside and I feel the rain and I cry and no one can tell I'm crying." It is the action of "go[ing] outside" that helps her "feel alive". Brenda shared this with me in the context of feeling hopeless about her life. Despite feeling hopeless, she could name a practice that she enacts to "feel alive." For Nina to feel alive, she practices her faith and,

> that keeps me alive, when I'm, when I'm really, I know I'm in tune with God and, you know, singing, and regardless whatever is happening around me I just want to not think about that but thinking that god is on my side and it's, and with me. Though things are not well but he, it is well.

Through the act of singing and thinking “that God is on [her] side,” Nina can feel alive even “though things are not well.” In order to enhance their wellbeing, both Nina and Brenda enacted behaviours that help them feel alive.

Other participants, such as Akeisha, have a desire to live that is sourced from being a parent. Akeisha desires a future for her kids that she can be a part of.

> So moving forward, it’s not easy moving forward because you’re far away from your family, you’re far away from your kids. But like I want to be in a position to help them, like never give up no matter what happened because if I choose to give up after everything that happened then when they get older and they grow up they will want to give up on things, too. So that’s why I never give up, I’m still pushing.

Akeisha’s kids are both her purpose for living and the motivation behind her desire to live. Without a desire to live and something to life for, we witness our participants’ on-going battle with suicidality. Adaora powerfully states, “I don’t see the point that you brought me out, and now you made me homeless, what’s the point?” Adaora’s words are directed to the people and institutions that “brought her out” of enslavement. She questions the objective of living outside of enslavement if that life is one of homelessness. She is emphasizing the actions of others that put her in a position to question “what’s the point” of living. Brenda also questions her desire to live when she states, “I don’t know why I go to school. I think about killing myself. There is nothing, I have no family.” And yet, minutes later, Brenda shares, “I have a dream to be a nurse. I am not proud that I am living today. If I had killed myself, I wouldn’t be suffering. I will be proud if I get my status and get my degree. And if I can save my mom.” This sentence poignantly and painfully reveals a battle that was not uncommon among participants. Whether recently, or at some point in their post-enslavement lives, participants found themselves facing a seemingly impossible paradox. Participants feel both the desire to die and the desire to live. Whether their desire to live was conscious or not, the fact that they were speaking with me indicates that at minimum, they continued to live with the feeling of wanting to die.

6.3.5 Managing the impact of trauma

The fourth and potentially least surprising theoretical concept of wellbeing is managing the impact of trauma. Participants indicated that wellbeing is intricately connected to managing the impact of trauma and coping with psychological symptoms. The primary psychological symptoms that participants named are memories of trauma and depression. They also deal with negative self-images, on-going fear, feeling alienated, and over-protective thinking. The non-psychological effects of trauma include loss of community, loss of family, and loss of their dreams. Participants also indicated they cope with physical ailments and the side effects of medication. To cope with the impact of trauma, participants have specific practices. Similar to the wellbeing practices described in the previous sections, participants engage in activities that help “get their mind off.” The key practice is to distract and keep busy. Adaora explains, “Because it’s to keep yourself busy. You think about the English, the Maths you know, so instead of you thinking about the ugly situation.” Adaora describes the importance of school subjects as an alternative to “thinking about the ugly situation.”

Laura also describes what arises when the mind is not busy: “like PTSD and everything else, you just start remembering things which you don’t need to be remembering and you just think about other stuff, other than things, right. It’s best for the mind to the busy, that's what I’ve learned after that.” Laura continues to explain: “Yeah, like from the PTSD association, if I start thinking all of those things, I just go round in a circle. So it’s best for my mind to be busy, then I go home very fresh, not tired.” “Those things” that Laura refers to are the Post-Traumatic Stress Disorder (PTSD) associations to traumatic experiences. She demonstrated in the interview itself, the need to keep her mind occupied. She noticed a couple times that her mind was full and in one instance stated: “But anyway, so and this is everything, there is so much in my mind and it’s like I forget what I was saying.” Survivors are feeling and thinking all the time, just as all humans are. If what they are feeling and thinking is too distressing, the need to distract is paramount. Gerry provides another example of how she kept her mind busy. She describes:

> Well, the most important thing is getting a therapist and engaging them in different activities. Of course then that gets their mind off, like [inaudible] all the time, I remember the first time I had a therapy session she tried to like engage me into different [inaudible] and then every day she, I had a workbook, she, I'll give her all the activities I do, when you go shopping, what time to what time, and that, that helped. And then when I started college as well, so there was something I was looking forward to either every day or every week at home.

For Gerry, her therapist helped her find ways to keep her mind focused on other activities. Specifically, Gerry had to "give her all the activities I do" and describe what she was spending her day doing. Gerry described creating a schedule of activities with her therapist and this is what helped her. The need to "get their mind off" indicates that survivors' minds are occupied and invaded with trauma frequently.

Gerry's example also highlights that managing impact of trauma is connected with the concepts that wellbeing is relationship-based and a practice. Survivors manage the impact of trauma through engaging in counselling or therapy.

> Even, even the, even when I had my own house I was still, I was still, I still had the feeling of unsafe, you know, I would still feel I was unsafe but with the, as the counselling was going on I had, I was becoming more and more well – Harmony
>
> Because I went through counselling, and it really helped me, and I cannot say that I can't go back. -Judy
>
> I always love to go for counselling, because if I go, you know you go for counselling they ask you what, you talk about this, you talk about future, so it release, it release, it's like I'm heavy so when I talk about this it release a lot of things from me. – Sandra
>
> Yeah, they've been also trying to help me focus and like with the failed interview, when she asked me what happened. And I was explaining to her, she helped me see it was different, and girl, she was just like, oh I think when they ask that question, you took it personally. - Isten

For Laura, despite the desire to engage in therapy, she did not have a positive experience. She explains:

> And also, NHS needs to pick up [inaudible]. Okay, people suffer, lots of people suffer, but therapies are not there immediately for the survivors of human emotions. But they need - I think they need to be there for- because people who have been trafficked, they need another kind of therapy, unlike normal therapy. They say that, when I went to therapy, they said, oh you know you're suffering multiple traumas, and oh I cannot help you, you'll have to wait for another 12 to 18 months. And like, okay, but it's not my fault. I filled out every questionnaire and stuff like that. But they need to understand it more that it is out there, and they need to arrange it sooner for those people.

Laura highlights both the lack of qualified professionals and the long wait time prior to receiving psychological help.

When participants do not need to distract from immediately distressing thoughts about trauma, they are analysing and reflecting on their experiences and building a relationship with the past, with their new life, and with their trauma. This next passage from Liz articulates in great detail how she thinks about her past:

> I think, I think for me healing, healing, because it doesn't leave you, it doesn't, for me it's never left me it's still, it's, I still have flashback and I still, I'll still be walking, even now I'll be walking on the street and I'll see somebody and I think…I'll just, they'll just come back and, and so I don't know whether there's such, 100-percent healing but it's, it's knowing how to deal with those attacks…those things when they hit you in your head, it's knowing how to deal with it and how to…address it so it doesn't pull you back.
>
> And it's, it's, I think, and I think everyone, they have their own mechanism to, to deal, you know, like, like for me, if that happens I, I just think of, 'That was the past and it cannot happen to me.' And being able to stop and, you know, it's just having, and especially now I, I think I'm going to be a nurse and I'm going to be in a ward and there's going to be a lot of Muslim men coming and I can't be [inaudible], I can't be scared. Knowing I have, you know, to say I have a voice…I know I have a voice now and I, and, and, you know, it doesn't pull me back even though it, I, I was, I would, you know, I would get, I'll get afraid but it won't pull me back. I'll just think, you know, 'I went through that was my past and, and I, and now I have a voice.'

Liz references the fact that she “still have flashback” and has found a way to deal with it. She recognises how “everyone, they have their own mechanism to deal” and speaks about her own method. She also speaks matter-of-factly about her assessment that there might not be “100 percent healing.” Liz has found a way to remind herself that what happened is in the past and can’t happen now. She is on the path to becoming a nurse and she says, “I know I have a voice now.” Sanu also speaks about his relationship to the past and how it fuels his present. He says, “I am here today, I’ve been through, I can’t get anything back from the past, but it might be I’m saving lots of people to fall in this trap, all those kind of things.” Sanu is aware that there is nothing to retrieve from the past and decides to use his past to help others. Sanu focuses on what is possible in his current life – helping others. It is through helping others that Sanu experiences satisfaction.

6.3.6 Building a life worth living

The fifth theoretical concept of ‘building a life worth living’ integrates several key Level 2 Codes that emerged from the interview data. Participants highlighted experiencing satisfaction and happiness and building a purpose as elements of wellbeing. For some, satisfaction and happiness arise from having a purpose, and for others, happiness came through other means. What is important is that each individual decides on what aspect of life, to them, is worth the living. Each participant self-determines what is of value to them in life. For Sanu, build a life worth living includes transforming his past to help others. Describing his goals, he shares:

> [I]f one of the ambition is to try and do something, what I have a dark past; this is also one of my ambitions at the moment. Of course, I will do work, okay, but in the meantime, I will try to do help the people as well. Any kind of help. In any form. It might be educationally, it could be researching, it might be [organisation], it might be involving in politics, or something. Help, you know, kind of help anything.

As mentioned earlier, Sanu’s identity is connected to volunteering. When asked if helping others contributes to his wellbeing he responded: “Contribute – yes, of course. Yeah, it is giving me a big satisfaction, that, and that, you know, this also work at the mental satisfaction." Asked to describe the satisfaction, Sanu expanded:

> Because whoever will do evil things, evil or bad things, they're never peaceful with the mind. If you do a little, like just a drop of good things, it makes you thousand time, you know, confidence, a thousand times, mind satisfaction. So, and give you hope as well. There's a lot sad in this world, to do something good, apart from do bad. So it's, it's work, it's work. It works for my wellbeing, yes.

Knowing that he has brought "just a drop of good things" brings a sense of mind satisfaction" and "works for [his] wellbeing".

Laura also finds purpose in being involved. Reflecting on her participation in Survivor Alliance, she says,

> And see you know, like someday I'll be a part of something more bigger you know. So those are the main positive things for me, like coming here, like we did the thing today with the leadership programme. For tomorrow you were like - these things make me feel more confident and more like happy inside you can say. Like you know, like strand of hope. – Laura

Laura's vision of being "a part of something more bigger" is part of her desire to help others. She goes on to explain how helping others is a way to deal with depression:

> Because this matters to me because I can help other people with this. It's also for my own personal growth as well. Like learning to be a good leader, it will help me gain lots of skills, and which I can apply in my job, my daily, day to day life as I chat with other people. It's just not even being a leader, just being a better human being as well. After being through everything and being depressed and isolated and everything. Just like a positive turn of events you can say.

Laura and Sanu both describe the positive feelings and satisfaction that arise from contributing to the world. In their efforts to make change, they personally benefit, and they have an avenue for making something good out of their trauma.

For Sandra and Brenda, their avenue for making good things in the world is through family. Sandra describes, "I can see my kids. I see them as finally, I have someone, because I always like, I don't have family, but if I see them, I see them as family and that give me a lot of happiness.” The ability to call her kids her family brings a joy that Sandra has never had because she didn’t have a family. Brenda also seeks to make a difference through family – both current and future. She says, “I will be proud if I get my status and get my degree. And if I can save my mom.” Although Brenda speaks about immigration and education in this short quote, her immediate shed of tears upon speaking about her mom brought our attention to the feeling of loss around her mother. Brenda went on to share that she wants to help her mother leave their home country. In this context, Brenda shifted to speak about a future child of her own: “Someday I want to have a child. I will love them, they will love me, they are from my body.” It became evident that the two goals - saving her mom and loving a future child – were part of Brenda’s mission in life.

Happiness is a key element of a life worth living because it allows participants to feel something other than encumbered by trauma and its consequences. Jenny describes how “happiness is everything. Whatever makes you happy keeps you going.” Without happiness, someone might ‘stop going.’ It is here where ‘Building a life worth living’ is intimately connected with the theoretical concept of ‘Desire to Live’. Participants are faced with the question: If there is not a life worth living, then why live at all? As a result, the need to build a life worth living becomes the central focus of living. Akeisha describes “a happy life for me look[s] like you can wake up in the morning, you have a job, you have your family around you, you could go out and do things on your own, shopping.” The quote draws our attention to the action verbs: wake up, have, go out, do things, shopping. Akeisha speaks about the ability to act and have autonomy to “do things on your own.”

Gerry links happiness with autonomy by sharing her personal dreams in life: “if I don’t go to the gym and I decide to like read a book or set up a program and make a video and talk, encourage people and then see people liking it, that would make me happy and that means I’m achieving my dreams.” Gerry also links being happy with the ability to encourage other people.

Her happiness, as well as Brenda, Sandra, Sanu, and Laura's are all achieved through relationships with other people.

6.3.7 Education

When asked what will help them move towards greater wellbeing, every participant indicated that education and access to education is vital for their wellbeing. Education includes formal education and what I will call consciousness-raising education. Consciousness-raising education includes learning one's rights, learning one's actual value as a human being, and learning about the world beyond one's own immediate sphere of life.

Liz describes what she learned from a women's group facilitated by a charity:

> they tell you education is power and, you know, they were telling me, '[My solicitor] is doing what she's doing because she's educated, because she has learned so she's able to empower you.' So I think for me it was that, introduced to that group who were full on empowering women. And, and using education to, it, you know, it equipped us with education to, to help us, empower us. Because they first talked to us about [Country], about U.K., about you know, so we were, we knew, we had an idea of the culture and, you know, before even the more language. – Liz

Liz highlights the "education to empower us." She shares that learning about the UK and the UK country in which she resided gave her "an idea of the culture." This cultural education came through a teaching setting, but it was outside of formal education. Liz was also educated on how one of her role models became who she is. Earlier, we shared how Liz's solicitor was one of the first women she had met with the positional power of a solicitor. The demystification of how to achieve that status – through education – is also a form of cultural education.

For Laura, learning how to manage relationships with people in her shared accommodation was key.

> One girl was really controlling towards me, then I didn't know how to say not at that time to people. Then I started to learn to say no. The staff helped me in learning to say no, like making jokes. I love how to make jokes there, and then how to say no in a joke-free way.

Laura learned how to set a boundary with other people in two different ways – by joking and "in a joke-free way." Adaora finds learning from others also helps educate her about current situations. Reflecting on interacting with fellow survivors, she explains:

> Yeah, being in touch with people and knowing what you are - what to do, yeah. You learn from people, yeah. Like the other day we were discussing about our surveillance, yeah. Yeah I had so many things from people that, yeah. And when you come together, when you socialise with people, you learn from them and they learn from you, you know, yeah.

Adaora is referring to a discussion with other Survivor Alliance members about the different levels of "surveillance" that survivors experienced at their NRM accommodations. She "had so many things from people," indicating that she received so many things through that discussion. Adaora extrapolates from that experience to share that interacting with others allows for mutual learning to occur.

Gerry speaks about helping survivors to understand their own worth. When asked what she would do to support other survivors' wellbeing, she shared:

> Because sometimes when you are with those people [inaudible] they make you worthless. So when the person got out, I will make sure to - I will tell the person that you are who God says you are. You are somebody, so don't - You are somebody you know. You are still who you are, yeah? Make the person to believe that he is still who he is. That's not a change you know, that they are - I'll make sure that he build up his confidence back, yeah.

Although Gerry did not frame her intervention as education, she shares how she would counter the messages that survivors receive from their exploiters. She focuses on reminding someone of their identity and that it is not lost, that the experience of exploitation has not changed "who he is."

Formal education is without a doubt a central feature of survivors' wellbeing. Education allows people to build a career, socialise, and find new meaning. The quotes below demonstrate the importance of formal education to survivors:

> So, and then in college it's like, it feels good when somebody's in front of you teaching you, somebody don't know, telling you something you need to know, I like that. - Jenny

> So it just, I don't know, just being in a professional environment or in a classroom environment, those are my main strong points. Because I've always studied all my life. – Laura

> I move forward by just going my dreams like going to college, do stuff on my own. - Akeisha

> Because I think for me initially the mistake I made was all the years that I spent being depressed, being rejected and all that, if I had used those years to like say, "Okay, I don't want to feel depressed, I need to go to school and all that," but it didn't, it didn't come to my mind until when I, I start mingling with the right people. And then I said to myself, "Actually, I need to go back to school while I'm waiting for the paper to come," and [inaudible] and everything, the school, everything started falling in place and then the paper came and then, because already before my paper came, in 2011, or 2008, I've already gotten health and social care so I already have like certificate and all that. – Gerry

For Jenny and Laura, the experience of being in school is positive for them. Jenny enjoys having someone providing instruction and Laura feels comfortable in a classroom environment. Akeisha sees education as a way to advance her life and pursue her dreams. Gerry wishes she pursued education sooner and implies that it might have been a solution to feeling depressed. She also shares that education allowed her to "already have like [a] certificate" while waiting for immigration "paper to come."

Nina is attempting to do what Gerry has done but feels blocked from education because she cannot go further in her studies. She explains,

> I think if I get my papers I will have a structure of, you know, to be able to get to that point that I want to get to. Because at the moment you, I can't, I can't go to Uni, I can't do level three because -. But at the moment you can't even, even if, you can't, I can't do some setting, some classes that I want to do to be able to, be able to say in future, 'This is the career I want to.' Do I have the career about, what I want to be but it's to get there. - Nina

At the time of the interview, Nina was seeking asylum and could not afford to pay for Level 3 courses in college. At her local college, fee waivers were available for asylum seekers, only up to Level 2. She feels ready to build a career but cannot because she cannot access the classes she wants to take. Adaora discusses the challenges of being given access to education and then having it removed:

> And this idea of bringing me out, bringing somebody out from [trafficking] and giving her a house. Asking her to go to - allowing her to go to college and that's it, then you stop the support. Are you going - are they making things better or worse for the person? All these things need to be looked into.

She is referring to the reality that people in the UK may go to school while in the NRM and the government is processing their claim of being a victim of modern slavery, but if the decision is not in their favour and the person isn't deemed a victim of modern slavery, they immediately lose access to college and other services they were receiving. Adaora highlights that providing the access to education as well as other services and then removing it might be "worse for the person." She went on to describe how removal of education makes it worse for the person

> because of this, many people have been having their mental illness, yeah. And needing someone, to say, the English, how they say, let me just say this, and I don't – [the] mind it's a devil workshop, you know what I mean? When we are not busy doing something, you'll be thinking bad.

Adaora references the practice of dealing with trauma which is to be "busy doing something." I believe she is attempting to reference a proverb that is often attributed to the Bible, 'Idle hands are the devil's workshop.' She is stating that without something to be busy, people "been having their mental illness" and "thinking bad."

Participants in this study make the case for education as a way to advance their lives as well as to deal with trauma. Liz speaks to the benefits of education and adds to the case for education as a key part of survivors' wellbeing. She says,

> I think education and knowledge is power. You know, you know, knowledge is power and even being able to communicate, because I couldn't communicate. It's the education that, that gave me the voice. Because I, you know, when, even now when I'm not sure of how something works I, you know, I can look

> on the website and, but my, but I have it now [inaudible] up on my phone so I can check and, and check and check.

Liz's assertion that "education and knowledge is power" is an assertion that links all six remaining theoretical concepts of my theory of wellbeing for survivors of slavery. Both formal and informal education are conduits to developing and enacting practices of wellbeing, managing the impact of trauma, building a life worth living, and igniting a desire for living. Participating in education is itself a practice of wellbeing and a way to manage trauma by "getting their mind off" distressing experiences. For some survivors, formal education allows them to build a life they are proud of and to pursue a self-defined purpose. For others, informal and consciousness-raising education through relationships provides the information and experiences to fuel their desire to live. Education is also a time-bound process that acknowledges the existence of time and the ability to learn over time. It can allow survivors to time-travel and focus on a future they desire. Through survivors' relationship with themselves and others, they are also learning practices of wellbeing and building a relationship with their past in order to manage their trauma. All of this is occurring in physical time and space, where survivors are able to reflect, use indicators to assess their progress toward wellbeing, and witness their change over time.

6.4 Conclusion

The seven theoretical concepts of wellbeing are very interconnected and yet remain distinct. Wellbeing itself is a distinct concept from physical health and is associated with mental health and aspects of life beyond psychological symptoms. Wellbeing is relationship-based and time-bound. Survivors are in on-going, dynamic interactions with themselves and others which both benefit and challenge their wellbeing. They are acutely aware of time and often drawn back to the past via memories. Despite this, survivors have ways of managing the impact of past trauma through enacting practices, such as staying busy, going to counselling or speaking to others. Survivors can experience the process wellbeing through the behavioural practices that they have uniquely found to help them. These behaviours help survivors feel happiness and a sense of purpose, which are key to building a life worth living. To feel a desire to live, survivors expressed the need to have something to life for. A reason to live enables the desire to live, and a desire to live is required to experience wellbeing. It is through informal and formal education that these elements of wellbeing are woven together. In the next Chapter, I will describe the definition of wellbeing and how it was constructed with these seven theoretical concepts.

Chapter 7: Findings – Part 2

The primary finding of this doctoral study is that **wellbeing for survivors of slavery is a relational process that enables and sustains practices for answering existential questions about meaning and purpose.** This thesis asserts that this definition of wellbeing, is a more appropriate definition for wellbeing as it applies to people with lived experience of modern slavery. As detailed in my methodological foundations, defining a social construct is a social and political act. Definitions of social phenomena are not neutral, and they contain theoretical assumptions (Stone, 2012). This thesis acknowledges and embraces the researcher's role and social position in co-constructing the definition of wellbeing for survivors of slavery. Throughout this chapter, it is important to keep in mind that all aspects of my social position (academic, professional, and lived experiences of modern slavery), *as well as C-GTM,* informed the definition of wellbeing that is asserted. In this Chapter, I will provide an overview of the definition of wellbeing and describe how it was constructed from the theoretical concepts outlined in Chapter 6.

In this chapter, I will also share with the reader any instances where I consulted additional literature to inform and enhance my development of a definition of wellbeing. C-GTM allows and encourages some engagement with existing literature and theoretical knowledge during data analysis (Kelle, 2007), to guard against researchers claiming to develop new categories where bodies of literature already exist (Bryant & Charmaz, 2007). C-GTM supports the emergence of theoretical categories through induction (as demonstrated in Chapter 6) but emphasises its role in broader theory development. Theoretical findings resulting C-GTM are meant to be grounded in the data, but not merely a description of the data. As such, the definition of wellbeing asserted by this study, like any scientific theory, is developed as a starting point, subject to testing and refinement as new knowledge is developed. The starting point that I provide for a definition of wellbeing is unique because it is informed by the lived experiences of survivors. Below, I will continue to use the most illustrative quotes throughout this chapter to demonstrate the data from which concepts were derived. Again, square brackets [ ] indicate when I have altered the capitalization or changed a suffix to enable ease of reading or understanding. The ellipsis, . . . , is used to indicate that I have removed repeated words such ‘this,’ ‘um,’ ‘you know’, to enable brevity or make a quote more succinct. The dash, - , is used when the speaker ends an incomplete train of thought and starts a new one. All brief quotations start with a double, “ , and end with a double, ” , and longer quotations are indented in the text.

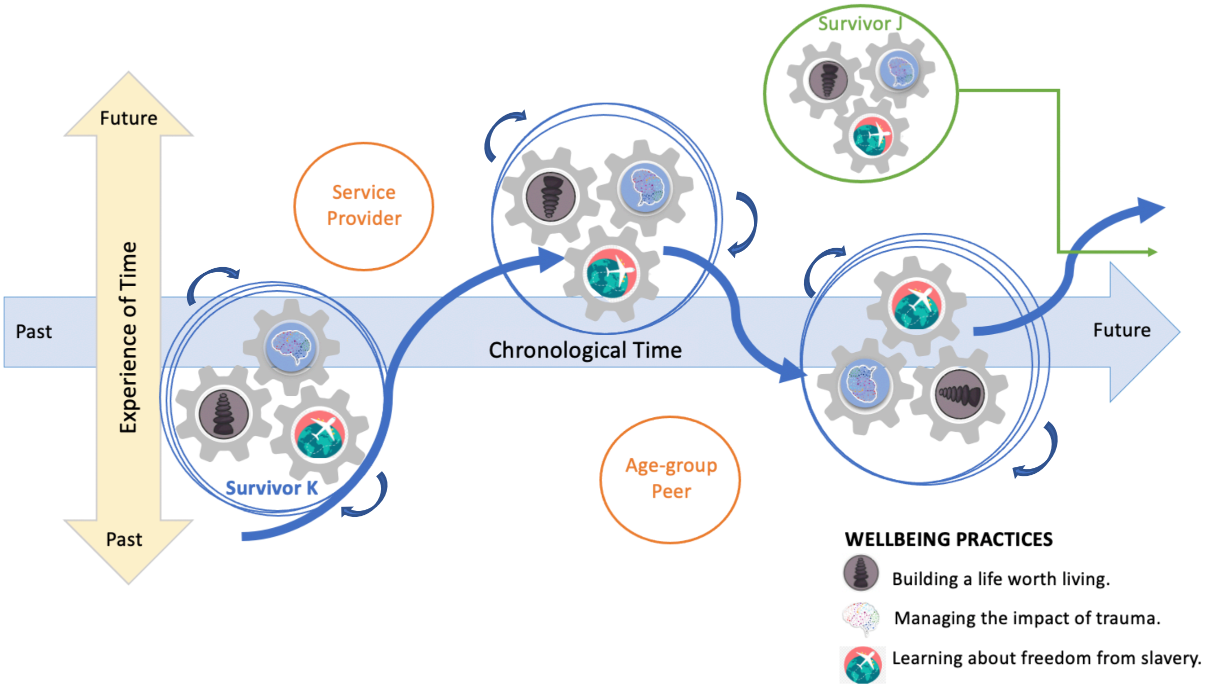
7.1 Definition of wellbeing

This research study sought to answer the question: how do survivors of modern slavery define wellbeing? The answer provided by this study is two-fold. The first part of the definition is: **wellbeing for survivors of slavery is a relational process that enables and sustains practices for answering existential questions about meaning and purpose**. The second part of the definition elaborates on the first, stating: **The practices (for answering the existential questions about meaning and purpose) are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.** From this two-part definition, the reader should recognise some of the theoretical concepts discussed in Chapter 6 (relationship-based, time-bound, practice of wellbeing, desire to live, managing the impact of trauma, building a life worth living, and education. However, some concepts were renamed or integrated into the full definition for reasons that will be described in the subsections in this chapter.

The process of wellbeing is depicted for a fictional survivor, Survivor K, in Figures 4 and 5, each figure emphasising a unique aspect of the definition. Although this first section of the chapter will provide a brief explanation of Figures 4 and 5, the following sub-sections will elaborate on each component. Figure 4 best illustrates wellbeing as a process; a process is defined a “series of actions or steps taken in order to achieve a particular end” (Process, 2021).

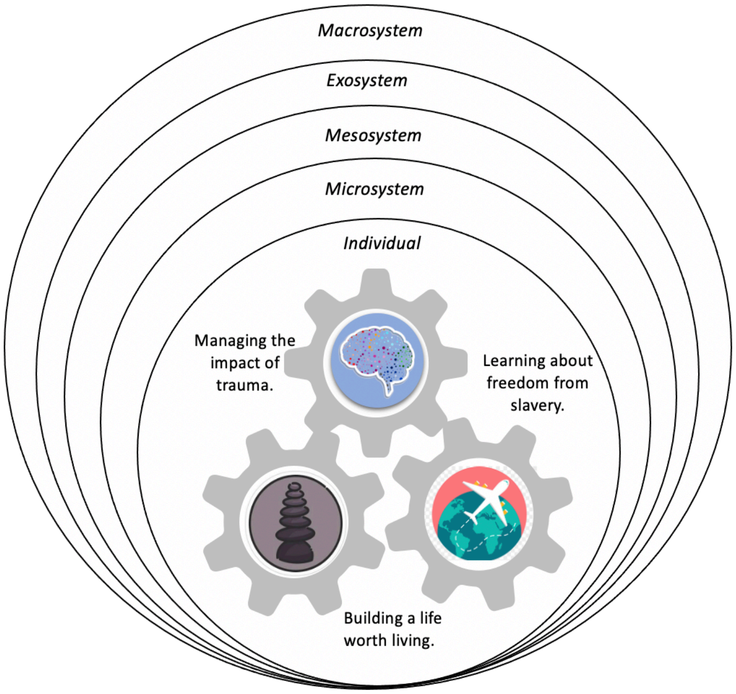
A series of actions requires the passing of time, as one action or several actions occur after another. The series of actions in this process of wellbeing are the practices of wellbeing, depicted in both Figure 4 and Figure 5 as gear symbols. There are three gears, each representing of one set of practices (a) building a life worth living, (b) managing the impact of trauma, and (c) learning about freedom from slavery. Practices (a) and (b) will sound familiar to you from Chapter 6. Practice (c), learning about freedom from slavery, was a new phrase given to the theoretical concept of Education. The reason for this re-naming is described in more depth later.

Figure 4: Wellbeing for Survivor K



Wellbeing as a process incorporates the time-bound theoretical concept that was discussed in Chapter 6. Figure 4 shows the complexity of the time-bound concept, illustrating two dimensions of time – chronological time and experience of time. Chronological time is always passing, and a survivor's process of wellbeing is subject to the physics of time and the fact that they are aging. In Figure 4, the passing of time is represented by the blue arrow that starts on the left and moves to the right. This is unidirectional arrow, as people cannot literally return to a previous time. The yellow bi-directional arrow represents survivors' subjective experience of time. Subjective experience of time is a new feature of wellbeing that this definition introduces and is explored in more depth in the next section. What is important to note for now, is that a survivors' *experience* of time can change over time, and multiple experiences of time can occur simultaneously. The distance between Survivor K's circle and the blue arrow represents how much Survivor K is experiencing the present time. If the circle is beneath or partially beneath the blue arrow, then Survivor K is more connected to the past. If the circle is above or partially above the blue arrow, then Survivor K is more connected to the future.

Figure 5: Wellbeing practices in the context of social system



Managing the impact of trauma.
The trauma of enslavement leaves lasting psychological, physical, spiritual, and interpersonal effects. Wellbeing practices in this dimension help survivors cope and make room for other aspects of life. E.g. Keeping busy, going to counselling, exercise

Building a life worth living.
Wellbeing practices in this dimension enable survivors to experience happiness and determine the purpose of their own lives. E.g. Spending time with children, survivor activism

Learning about freedom from slavery.
In this set of practices, survivors are exploring a new reality. Through experiential and formal learning, survivors can explore of the multitude of opportunities that freedom from slavery provides. E.g. Travelling, going to school

The relational component of wellbeing is also represented in Figure 4 through the presence of multiple people and the multiple circles surrounding Survivor K. Although the focus of Figure 4 is on the wellbeing for Survivor K, the process involves a service provider, an age-group peer, and another fictional survivor, Survivor J. Survivor J is also depicted as having their own process of wellbeing that is parallel to Survivor K's. The multiple circles around Survivor K are meant to refer to the same concentric circles depicted in Figure 5. Figure 5 replicates the Ecology of Human Development, a foundational theory in the practice of social work, that places a person's development across the lifespan within the many layers of their social environment (Bronfenbrenner, 1977). Bronfenbrenner introduced the five levels of an ecosystem within which every person grows: the individual, the microsystem, mesosystem, exosystem, and macrosystem (1977). The concentric circles in Figure 5 illustrate the physical and/or conceptual proximity of Survivor K to any individual or system that has an influence on their wellbeing. An age-group peer might be in Survivor K's microsystem of the college environment, whereas the macrosystem encompasses the cultural norms in the society where Survivor K lives. In Chapter 6, I described how survivors mentioned their relationships to people in their local geographic community as well as to Home Office policies. Bronfenbrenner's model provides a framework for understanding the different relational levels that have an influence on any one survivors' wellbeing process.

7.2 Wellbeing as a process.

The first step of my definition was to answer the question, 'What *is* wellbeing?'. What is its typology to survivors of slavery? Brian and Judy's words immediately came to mind. When discussing what wellbeing looks like to him, Brian said, "It's a long, long process." Rather than a destination or an outcome, wellbeing is a process. In this section, I highlight that the process of wellbeing for survivors in this study include an awareness of an objective *chronological time* and a subjective *experience of time*. *Chronological time* is the passing of minutes, hours, and days that applies to all human beings. *Subjective experience of time* is individualized and comprised of an *orientation to time* and a *relationship to time.*

7.2.1 Survivors' awareness of chronological time.

It is important to highlight that survivors of slavery are aware that they are living within a time-bound journey of biological age. They reflect on the years of their lives that were spent enslaved, and the losses in human development possibilities. Kapeni provides a poignant example when he speaks of his peers and says:

> These friends, they are passing, going to school, this.... Now they finish university, everything, like now. Yeah so sometimes I'm like – I see myself, like look, if I was maybe not trafficked, if I was not where I was, I would be, I would be this level now. Maybe University. I would be this...Yeah, so that's sometimes when you – stressed me a little bit, like look…people – why other student my age, that time we was same age. Yeah, sometimes they ask me, oh let's go to school. I'm not going to school, oh this…They now – they are nearly there, like they are on the next level.

He laments that he is the same age as his friends but "they are passing, going to school." Kapeni thinks that maybe if he was "not trafficked," his life experiences would reflect the same journey as others the same age as he. Kapeni's awareness of biological age and the difference in his experiences from his friends, is a recognition of his life trajectory. He is able to imagine that life in the past could have been different and that certain events led him to where he is now.

Kapeni's sentiments are mirrored by other participants' sense of loss of all that could have occurred if it were not for their experiences of trafficking. They talked about loss of family, community, dreams, and a sense of control. Participants also shared about the losses they suffer while waiting for legal immigration status in the U.K. Below, Akeisha provides an example of the passing of time, and the challenges it brings:

> Well, at the moment it's like one step at a time because it still have to be the Home Office decision, which like takes forever – give you headache. So after that decision, whatever decision is, I will know what steps I need to take next, because at the moment going to college and doing everything, you still have to wait on them.

She references the need to take “one step at a time,” which will provide movement or progress in her life. Yet, this progress is stunted by “wait[ing] on them,” the Home Office. In this passage, Akeisha’s observation of her situation with the Home Office remaining the same over a period of time, demonstrates her awareness of time passing. If she was not aware of time passing, then she could not compare her situation from a previous time to the current time and make the assessment that her circumstance is the same. Both Kapeni and Akeisha highlight that survivors’ wellbeing exists within the context of chronological time. Although every human being’s lifespan exists within the context of time, survivors of slavery are emphasising that chronological time is a key element of their concept of wellbeing. Understanding that survivors are keenly aware of chronological time also enables the contrast to another dimension of time that emerged from survivors’ conceptualisation of wellbeing – the *experience* of time.

7.2.2 Survivors’ subjective experience of time.

Survivors *experience of time* is an individualized experience that is comprised of two elements: *orientation* to time and *relationship* to time.

7.2.2.1 Survivors’ orientation to time.

Orientation to time is a mental health concept and often assessed by asking someone if they know today’s date (Seider, 2014). If someone can accurately name the day, month, and year, they are considered to be oriented to the present. Knowing today’s date means that you can consciously recognise a shared objective social reality of the date. Someone who is orientated to the present does not indicate that today’s date is yesterday’s date or the date five months ago. Additionally, they do not indicate that the date is three years from now. If the person is not oriented to the present time, they are demonstrating “temporal knowledge disorientation” (Peer, Lyon, and Arzy, 2014, 153) which is common in a mild form, even in healthy people, such as when someone can remember the month and year but not the date or the day of the week.

More severe case of disorientation can occur and “may be related to disorganization of the cognitive map that represents time” (Peer, Lyon, and Arzy, 2014, 153). Severe cases of disorientation may manifest in survivors of slavery due to the extremity of their experiences of violence. The potential for cognitive map disorganisation in survivors is important and not to be taken lightly. Yet, without extensive cognitive testing of each interview participant, I cannot be certain about any structural damage to survivors’ cognitive maps. Cognitive testing is beyond the scope of this thesis and each participant was able to demonstrate sufficient orientation to the present time. By showing up to their interview at the agreed date and time, participants had to recognize the date and because I, too, showed up, this date matched the objective present-day reality. By being oriented to the present, a person is aligned with and aware of chronological time in the moment.

Lee et al. (2017) demonstrated that humans can be orientated to both the present and another time period simultaneously. “Time orientation indicates the [time] category to which cognitive attention is given. This does not mean an orientation towards an exclusive temporal category” (Lee et al., 2017, 2). In other words, someone can be oriented to the present and be able to tell you today’s exact date, while simultaneously be oriented to the past, because they are giving a lot of their mental energy attention to previous life experiences. This is most well represented by survivors’ experience of flashbacks. A flashback is a type of memory that interrupts a person’s current experience with a re-experiencing of past sensations (Malaktaris and Lynn, 2019). According to the interview participants, part of wellbeing is giving cognitive attention to the previous trauma. Their attention can be ‘going back’ or ‘returning’ to a previous time and thus they reported their subjective *experience of time* as being in *oriented* to the past. Survivors also demonstrated an *experience of time* that is *oriented* to the future. In Chapter 6, I provided evidence that survivors engage in future thinking in order to avoid focusing on anything but the distressful emotions of their present. Their mind is engaging in the future through distraction and imagination, but they are not able to literally jump through time. The experience of projecting oneself into a future time, is still something that occurs in that very moment. As each present moment quickly changes, the survivor may change their *orientation to time* between the past, present, and future.

Differentiating chronological time and survivors' orientation to time is important for establishing the fact that survivors are not actually living in the past. Highlighting this difference enables us to better understand how a survivors' past experience of enslavement effects their present-day experience. Survivors are living in the present, as much as any human being lives in the present. In other words, it is important to note that survivors live in the same dimension of time as all human beings. However, survivors may *experience* a different dimension of time, notably the past, in the present time. Survivors may experience the past very similarly to how it happened and endure a re-experiencing of trauma, *or* they may experience newly surfaced sensations from the past that were biologically repressed to enable survival. These sensations often do not resurface until an individual feels a greater sense of safety, relative to the lack of safety experienced while going through trauma (Herman, 1997). Simultaneous to experiencing the past, a survivor may remain *oriented* to the present. It is this difference in *orientation* to time, that leads to the experience of stagnation or repetition. It is physically impossible to experience the same exact experience, because it is physically impossible to go back in time. Consequently, survivors *experience of time* may be one in which the past consumes much of their cognitive and physiological experience. And yet, this experience does not alter the passing of time or change the fact that the survivor is moving further way from their time of birth and nearer to their time of death. Chronological time and biological age exist separately from survivors' subjective experience of time.

7.2.2.2 Survivors' relationship to time.

Due to survivors' subjective experience of their *orientation* to time, they also have a subjective *relationship* to time*. Relationship* to time encompasses how an individual engages with, and gives meaning to, a temporal category. For survivors of slavery, building a relationship to their past and future is an important aspect of wellbeing. A relationship to one's past, present, or future can include emotional responses, and assessment of the importance of that temporal category in one's life. For example, Harmony finds a way to recognise that her wounds from past trauma is part of her life, but she can do something about it in the present:

> You know, it's going to be there. I can't pretend it's not there, the scar is going to be there. So I think by talking more about it and, because there are a lot of people trapped, there are a lot of people that are trapped in this situation and they don't have anywhere to go, they feel that they're alone on that. So I think by me talking to you I'm raising, you know, awareness—

Harmony's *relationship* to the past is *oriented* to the future. Her scar (from a past experience) is something that enables her to place cognitive attention on what she wants to do in the future – to raise awareness. It is also possible to have a *relationship* to the future that is past *oriented*, or a *relationship* to the past that is future *oriented*. When survivors need to distract themselves from distressing feelings in the present, their relationship to the present is one marked by fear or overwhelm. Therefore, distraction from the present can allow survivors to carry on to the next minute, an immediate future, but a future nonetheless, and one that can feel less upsetting. In another instance, survivors could relate to the present moment with pleasure, wanting to savour it before it disappears.

Survivors' subjective relationship to time can be understood by considering how many human beings have reflections on their past or their future at any given time in their life. Yet how we think and feel about our past or future can and often change over time. Survivors' *relationship* to time is much the same. The additional component that can affect a survivor's relationship to time is their *orientation* to time. The degree to which a survivor was able to be *oriented to the* *present* may have an impact on their relationship to their past. In other words, if a survivor looks back and their assessment of her past is that they spent most of the time trying to distract from feelings of distress, they may feel regret about that time period. If they look back and remember how they were able to savour many present moments, they may have a relationship to their past that is one of acceptance.

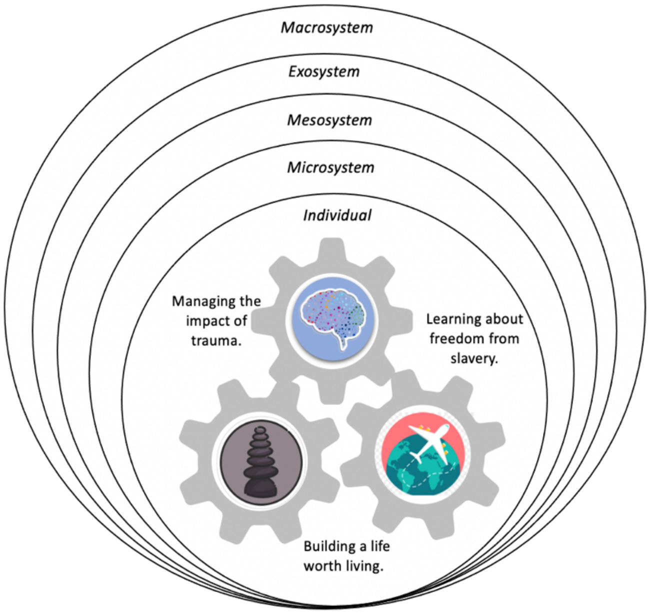
Both aspects of a survivors' subjective experience of time, their o*rientation and relationship* to time, are predicated on the concept of chronological time. Without time passing, there cannot be a past, present, or future. Even if someone is subjectively experiencing the passing of time from a different orientation or with a unique relationship to it, they still exist within a time-bound process. Recalling the definition of process as a series of actions to achieve a particular end, this raises many questions about wellbeing as a process, including: What are the actions that comprise the process? What is the particular end result of the process? Are there required resources for the process? What influences the process positively or negatively? Who or what is involved? As I continued to construct the definition of wellbeing from survivors in this study, I kept these questions in mind. Not every question was addressed in the data, but several were. Next, I share the answer to 'who is involved?'. Survivors demonstrated that welllbeing is not a solitary process but one that is intertwined with relationships.

7.3 Wellbeing is relational

The second building block of this definition is that wellbeing is relational. Here, I use the term relational to describe on-going interactions with people and processes. As indicated in Chapter 6, survivors' process of wellbeing is not entirely a solo event and is influenced by the actions and interactions with others. If wellbeing is a process, then wellbeing is a relational process, and consequently wellbeing is dynamic and not fixed. Survivors' wellbeing exists within a myriad of relationships and subject to the changes that occur in those relationships. In the previous section, I discussed survivors' relationship to time. In this section, we focus more on intra-personal and inter-personal relationships at multiple levels, and the processes that influence those interactions. Intra-personal relationships are about the relationships that people have with themselves. Inter-personal relationships are about engagements with other human beings.

In survivors' relationship to themselves, they demonstrated personal and private moments to engage with their thoughts, physical sensations, emotions, and other aspects of their lives. Survivors' understanding that they are distinct, self-contained, and responsible for their own care is an important element. In Chapter 6, I provided the example of Judy recognising that "wellbeing has to be me" and although others can contribute, the responsibility lies within her. Recall in Figure 5 (repeated below), that one of the levels for human development is the individual level.

Figure 5 (repeated)



Bronfenbrenner (1999) describes the individual level as encompassing the "biopsychological characteristics of the person" (11) and he uses birth weight as an example. While not ignoring the biological factors that contribute to a child's weight at birth, he emphasises that this is only one aspect of human development (Bronfenbrenner, 1999). Bronfenbrenner (1977, 1999) championed the importance of other factors effecting a person's development, including the effects of the physical environment, relationships with other people and with social institutions, and the relationships between institutions.

It is in this first layer, the individual, where survivors in this study demonstrated the importance of their relationship to their own body and psyche. Survivors did not discuss the key features of their biology, but rather, mentioned maintenance practices such as healthy eating, exercising, and the need for sleep. Survivors also referred to symptoms psychological distress, but also shared about practices such as accepting imperfections, healing injuries, and pursuing hobbies. Accepting imperfections includes learning what they like about themselves, adapting to disabilities, and building a relationship with their trauma. Healing injuries may include physical surgery, dealing with trauma, and rebuilding self-esteem. Pursuing hobbies included survivor activism, arts and crafts, or walking.

Survivors also indicated that their process requires the accompaniment of other people, specifically fellow survivors, NGO workers, and people making decisions within government agencies. In the example provided earlier, Kapeni compared his life to his friends, as one way to measure where he is at in his journey and to determine what might be possible. Kapeni's friend would be in his microsystem, the people and environments in which he directly engages.

Worthy of Love also provides an example of using others as a proxy, when she attempts to describe what wellbeing is for her:

> That's a really difficult thing, because we've never actually experienced it. So the only way we can perceive it is by looking at how others experience what we think of would be a healthy life. But if we're talking about just for myself, it would, it would sort of mean that the issues that we come up with that are repeated over - as a survivor that you come up against repeatedly, no matter how long you've been a survivor for, there's always, there's issues and obstacles that come up, that then we - that cause problems. And it's for us; the wellbeing would be in a situation where that's not happening.

In this passage, Worthy of Love uses the terms healthy and wellbeing interchangeably. She describes the absence of even possessing a concept of a healthy life. She must create a concept through translating her perceptions of others' experiences. This is evidence of Worthy of Love's interconnected to what Bronfenbrenner calls the macrosystem – the broader sociocultural environment in which one lives (Bronfenbrenner, 1977).

Worthy of Love also goes on to share that for her, wellbeing is the absence of the repeated obstacles in daily pragmatic issues. To be clear, Worthy of Love is not discussing psychological symptoms as the obstacle to wellbeing. She is referring to obstacles in the bureaucracy of life (for her, getting her identification documents), that she faces because bureaucratic systems are not well equipped to navigate her unique legal identity obstacles. The legal identity obstacle was created by the experience of modern slavery, but it is not a psychological obstacle. However, facing the bureaucratic obstacle repeatedly can become a psychological obstacle over time. For Worthy of Love, wellbeing is relational, because it requires interacting with a social system that either facilitates aspects of her life or creates additional barriers. The government systems are part of what Bronfenbrenner (1977) refers to as the exosystem:

> Such exosystems are both formal and informal: the nature and requirements of the parents' work, characteristics of the neighborhood [sic], health and welfare services, government agencies, the relations between school and community, informal social networks, transportation systems, law enforcement practices, shopping facilities, means of communication, patterns of recreation and social life, and a host of other ecological circumstances and events that determine with whom and how people spend their time. (526)

The government agencies, in this case for Worthy of Love, refers to the immigration agencies responsible for providing identification documents. The policies set forth in those agencies have required her to spend much of her time explaining the nature of her exploitation and the reasons why she needs replacement documents. In so far as identity documents also open access to other activities, Worthy of Love is barred from spending her time engaging in those activities.

The dynamic interplay between the various layers of the ecosystem of a survivor's life is what makes wellbeing relational. It is the interactions within a particular layer, such as how survivors engage with themselves, as well as the interactions across layers, such as how survivors engage other survivors, their service providers, their environment, the culture in which they live, and all other aspects of life. As shared in Chapter 6, others can walk alongside survivors and provide encouragement and camaraderie and serve as mentors and role models. The nature of these relationships and the access to certain types of relationships are influenced by cultural norms or legal regulations. For survivors in this study, their relationship with NGOs is primarily as a service recipient and not as a colleague. This is influenced by the UK's victim care framework that was shared at the beginning of this thesis. Legal regulations enforced by UK Visa and Immigration determine whether survivors can work and have colleagues, or to go to school and have classmates.

Navigating the types of relationships and interactions that are available to survivors is a key part of survivors' relational wellbeing process. As people and systems change or remain stagnant, the evolution of a survivor's wellbeing process will be affected. As individual survivors evolve and their process faces different situations, the relationships and types of interactions involved in wellbeing may change. For example, part way through their journey, a survivor may gain legal immigration status which opens the door to additional opportunities. The possibilities for the process of wellbeing then change. Wellbeing as a relational process means that wellbeing is dynamic and not fixed.

7.4 Answering existential questions

One of the most dynamic theoretical concepts of wellbeing that emerged from the data was the concept of a **desire to live.** Survivors are propelled in the process of wellbeing because of a search for meaning and purpose. Every participant shared how they wrestled with suicidality at some point in their post-slavery lives and yet each person was alive as they sat in front of me. This paradox was glaring to me and was highlighted the most by Brenda. She poignantly illustrated this with two statements shared in the span of thirty minutes:

> Yesterday was hopeless so [I] might as well get up. I have two feet so I can do something. I feel the sun on my head, and it reminds me I'm alive.
>
> I don't know why I go to school. I think about killing myself. There is nothing, I have no family.

Brenda was describing an ongoing contradiction that she *lives with*. She was not actively suicidal with a plan, but she was wrestling with the two ends of the existential continuum. Living with suicidal thoughts rotating in and out of her mind, did not seem out of the norm for Brenda nor the other participants in this study. Jenny describes this painfully here:

> I used to bring every medication in front of me and look at them and said, "I have heard people who have just taken their medication at once and then sleep and die," that's what I knew. If not, you go on the road, you time when the bus or the cars coming, just let it knock you down, or you jump in the river and that's it. I had three things in my mind. And this was so close to me about the medication, it was all over there. And a jug of water it was like this [laughter] to drink with the medication. But every time I will think about it, because the, this pastor has given me some MP3 to listen to music and the word of god. So she said, 'Every time you feel like you're so down and you're thinking negative, please, keep listening.' So I took that, I said, 'For the last time, so that's where I'm going, I will see god, so I was just listen.' So whenever I am listening that, oh it brings back me to me, I don't do that again.

In an important moment before she was going to overdose, she listened "to music and the word of god" and it "brings back me to me." Her 'self' was returned. This passage ends with her stating that "whenever I am listening" she does not get as close to suicide as she did that one time. This living *with* a desire to die is encapsulated in the theoretical category that I entitled 'desire to live'. Although that may seem counterintuitive, I observed in the research participants that the process of dealing with and facing the desire to die was part of their fight to live. Their desire to live was not a continual emotional experience. Rather, part and parcel of their desire to live is the need to forge a desire to live.

For many participants, their stated reasons for sitting with me is similar to Sandra's: "I want to say it to people out there to know, like, to not give up and they should know that there is hope in the future no matter what. As long as you are alive, there is still hope. You can fight for any situation you go through. You can fight for it." Sandra speaks of purpose and of hope. She wants to share hope with other survivors, and she is holding hope for herself. Sandra provides a window into how participants' reflection on their past thoughts of suicide, also feed their desire to live.

> I was like, 3 years or times ago, sometimes I just feel like, I just want to end my life because when it is too much for you, when you just everything you see around you, even if you don't see it around you but you just imagine it, you just feel like, you just want to give up everything, you feel tired, you just want to die, just feel like it's over, but – I'm not going to say it's because I'm a Christian, not really because I'm a Christian and not really because, not really because Christian or Muslim, I just believe in God that no matter what happens in life, as long as I'm alive, God still make me alive, I can still survive. I still have hope in future life.

Sandra illuminates that the *fact* of being alive is the source of *a reason* to be alive. Having a reason to be alive can feed the desire to be alive. A desire to live and a reason or purpose for living are separate but intertwined.

For survivors of slavery, a purpose for living can be rooted in the seemingly simple fact of being alive. Implicit in their words is a comparison between being alive and not being alive. What survivors are not stating, but that I deduced, is that they are talking about a real confrontation with death that occurred while enslaved. Survivors had some expectation that they might not live through slavery. During the interviews, the words about being alive were not discussed in a removed and distant manner as if reflecting on the notion that all living things come to pass. They spoke about being alive in an active struggle to be alive. Merely being alive is something of which to feel pride. In answering the question, what are you most proud of in your post-slavery life?, Harmony shared, "For that, it would [be], to come out of it alive. You know, so I think, I think I'm proud of that and, and, and the strength that I was able to escape that night."

Survivors of slavery fought to stay alive while they were enslaved, and they continue to fight and to maintain their desire to live. A desire to live is central to wellbeing for survivors of slavery. Without life, the relational process of wellbeing is not available to survivors. Critical to survivors' desire to live is having both meaning and purpose – to know why they are alive and what they will do with their life.

7.5 Wellbeing as a practice

The next aspect of survivors' definition of wellbeing is that **wellbeing requires practices**. The practices of wellbeing are the actions, taken in sequence, that comprise the process. They are behaviours, tools, and strategies that survivors employ across time. Wellbeing occurs through 'doing'; it is an emergent experience that is not the end result of the doing, but part of the doing. Survivors from this study identified 49 practices of wellbeing from socialising to learning how to say 'no' (refer back to Table 11 in Ch. 6). These practices helped participants address two other key building blocks of wellbeing: **managing the impact of trauma** and **building a life worth living**. Gerry provides a useful example:

> I used to get more depressed and all of that, but then if there was something I was looking up, forward to every morning, I know I can, I have to go somewhere and then I start forgetting about what, the thing that is actually making me depressed and all that, and then that kind of helped me.

Depression is a documented and pernicious symptom of the trauma of modern slavery (Oram et al., 2012). Gerry is able to address her depression through the practice of having somewhere to go and something to look forward to. By identifying that she has something to look forward to, Gerry reveals that she has given value to something in her life. There is something of worth – she has at least one element of a life worth living *to her.*

Wellbeing as a practice highlights the active role that individuals play in their wellbeing. Wellbeing practices need *practicing.* Practicing requires the enactment of certain behaviours repetitively. The need for wellbeing practices to be practiced demonstrates that wellbeing is a skill that can be acquired and improved, or diminished and absent from a person's repertoire. Through practicing, survivors learn what makes them feel better and what activities they enjoy. They can also evolve in their ability to practice and acquire new practices. Throughout the interviews, it was clear that every participant utilizes more than one wellbeing practice. In fact, it appears that a collection of practices is favoured, due to the challenges of building a life after enslavement and the unpredictable nature of when the consequences of trauma will arise. In addition to flashbacks being unpredictable, the flare up of physical ailments, the weight of depression on any given day, or the side of effects of medication are also unpredictable and can derail any scheduled activities or wellbeing practices.

There are also uncontrollable external factors that affect the practice of wellbeing, such as a case worker's level of training or a government system not fit for purpose. The external factors can facilitate or diminish availability of the resources needed to enact a practice. For example, survivors indicated that a key practice and facilitator of wellbeing is education, and education emerged from the data as a key theoretical category. Government policy regarding access or restrictions of access to formal education, can foster or hinder a survivor's engagement in the practice of education. Another wellbeing practice suggested by interviewees was counselling or therapy. Access to counselling is also regulated by government entitlement schemes and is limited to the availability of professionals in an overburdened NHS mental health care system.

The existence of wellbeing practices highlights the need for training and capacity building. Learning any skill requires adequate information, materials, instruction, support and time. Even if a skill can be practiced alone, it often requires learning from others and/or practicing with other people. Through relationships with others, survivors can receive feedback or witness others engaging in a similar practice, thus enhancing their own capacities. Some of the wellbeing practices survivors suggested were specifically practices that include the help of others, such as talking to someone. The four building blocks of wellbeing that I have discussed so far – time-bound, relationship-based, desire to live, and practice – are now integrated in the following definitional statement: *Wellbeing is a relational process that includes practices where a desire to live is central.* In the next two sections, I describe how survivors in this study identified that the practices of wellbeing enable them to build a life worth living and manage the impact of trauma.

7.6 Building a life worth living

Earlier, I described how the desire to live is central to survivors' wellbeing. Without life, the relational process of wellbeing is not available to survivors. Without life, wellbeing cannot exist. It is from this fact of being alive that survivors can derive meaning and purpose. Meaning and purpose allows survivors to first believe that there can be "a life worth living" - a life worth it *to them.* With this possibility available, motivation to *build* a life worth living is also possible. Each survivor develops a self-defined vision for a life worth living and the motivation arises in order to create that life. To have a purpose is to have a reason for living. For some survivors, the reason to live, their purpose, is to pursue a life that is worth living. Wellbeing must include the concept of building a life worth living because wellbeing cannot exist if the person herself doesn't see a reason for being alive, and then uses that lack of a reason to take her own life.

What is worth living for is likely to be different for each person, but across the board there must be something of value to each person. What is of value might be a role, such as the role of being a parent, or a desire to make change in the world. A survivor whose purpose for living is to be a good mother to her child has something to live for. She has a reason to live. This reason to live can also contribute to her desire to live. The practice of being a mother is a practice of building a life worth living, and practice for managing some of the existential question of why be alive. For participants such as Sandra, there is an explicit activist purpose that helps her deal with the residual trauma of slavery. Sandra says,

> I've been through a lot of things, um, a lot. I just want people to know what's happening to people out there. That it's very real. It's very real and a lot [of] others, especially for people that want to gain from it and I'd love to say that - sometimes, it's not like every time I love to talk about it because sometimes it takes me back to it and makes me cry and take up something like that, and sometimes I just feel say it out, it releases a lot of things from my body and something like that.

Sandra shares what happened to her because she wants to raise awareness about the existence of modern slavery. She does this while consciously aware of both the challenges and the benefits of sharing. Sandra's comments are reflective of most interview participants, who stated that their reason for participating was to make a difference for others. Survivors are creating meaning from their trauma by using their narratives as a tool for social change. This purpose-driven engagement is also one of the practices of wellbeing that survivors shared. The act of getting involved and working with other survivors is a practice that enables wellbeing. Speaking of a Survivor Alliance program that she attended prior to her interview, Laura describes,

> mostly I would love to come here in this - and we tend with things and do all of those things that keep me like positive. And see you know, like someday I'll be a part of something more bigger you know. So those are the main positive things for me, like coming here, like we did the thing today with the leadership programme. For tomorrow you were like, these things make me feel more confident and more like happy inside you can say. Like you know, like strand of hope.

Laura's words shine a light on survivors' positive experience of engaging with other survivors. It gives her confidence, increasing her sense of her own value. She also experiences happiness and hope, elements that survivors also indicated were key to a life worth living. The idea of being "a part of something more bigger" speaks to a collective purpose, something that is beyond her individual self.

A life worth living is what gives direction and focus to the process and practices of wellbeing. Having a purpose makes like worth living and survivors indicated that their purpose is relational. Whether the purpose is to be a parent or to contribute to social change, survivors desire to engage in the world with other people. Their interactions place them in the world through a self-defined purpose, becomes the primary reason for living, and a key objective of a wellbeing journey. For survivors of slavery, wellbeing is a relational process which includes practices of building a life worth living. Central to the process is wrestling with the desire to live, because it is this desire that fuels the actions needed to build a life worth it to them. The next section describes another key objective of survivors' wellbeing practices.

7.7 Managing the impact of trauma

One of the building blocks of survivors' definition of wellbeing is **managing the impact of trauma.** Managing the physical and psychological symptoms caused by the exploitation of slavery was prevalent in survivors' understanding of wellbeing. The psychological symptoms reported included depression, nightmares, flashbacks, difficulty sleeping, rumination, racing thoughts, and anxiety. Physical symptoms associated with the psychological symptoms were also present: feeling exhausted, body tensions, headaches, and loss of appetite. Additionally, survivors deal with the physical consequences caused by violence experienced during exploitation. These included HIV, digestive tract problems, and issues with reproductive organs. Managing these consequences include regular hospital visits, finding the right medication, or coping with being incapacitated by pain. These are only some of the many actions that survivors need to take in order to ensure care for themselves and to manage the impact of trauma. The time and energy spent on these actions is an added burden to survivors. There is an additional emotional and financial cost associated with management of the psychological and physical consequences of trauma.

Survivors in this study also highlighted the impact of trauma on non-psychological and medical aspects of their lives. They brought up loss as a common consequence of trauma – loss of family, community, their hopes and dreams, and loss of 'normal' development. It is important to understand loss as both deprivation of something that someone once possessed, as well as the absence of ever having possession at all. Loss of a family may be experienced as physically losing family members to death or being separated from them due to exploitation. Loss of family can also be about losing the potential to ever create a family. Brenda discussed wanting to have a child someday. However, due to some physical harm caused by the perpetrators of her enslavement, it is still uncertain if this is biologically possible for her. This is a loss of something that never occurred. She didn't have a child and lose it. She is potentially losing the ability to give birth to a child at all, and she is potentially losing a dream to give birth to a child. For some survivors, like Kapeni, they have lost the ability to experience the progression in schooling or other areas of life that many people around them experienced.

Another consequence of trauma that can be invisible to non-survivors is the added burden of explaining one’s needs to other people. Although explaining one’s needs is a feature of being a human being, especially an adult, survivors face the challenge of explaining their needs to people who have no concept of survivors’ needs. As survivors in this study indicated, many people ‘don’t understand’ what modern slavery entails. Even professionals in the anti-slavery field lacked basic understanding of the experience of being a survivor. For a survivor of slavery to describe a need for housing is one thing. For them to describe, as Worthy of Love demonstrated, why they have no access to identity documents due to modern slavery, is another. In this example, Worthy of Love demonstrates how survivors have the challenge of communicating the knock-on effects of trauma as equally relevant to the trauma. Accessing identity documents is one of those knock-on effects. Another is the challenge of access to education for an adult who never completed primary school. There are many other issues that survivors must deal with to manage the impact of trauma that extend far beyond flashbacks and psychological symptoms of trauma. Making these visible to others and seeking the resources to address them is part of managing the impact of trauma.

One of the final elements of managing the impact of trauma is for survivors to manage their *relationship* to the long-term impact of trauma. An example from Worthy of Love in Chapter 5 highlighted that wellbeing is being able to live life without these additional barriers and burdens of trauma. Survivors face the process of accepting the presence of long-term consequences of trauma as well as the unpredictable nature of when consequences will arise, or when wounds will become reaggravated. Each time an old or maybe new consequence of trauma must be confronted at an unexpected time, survivors must also re-confront the reason why the consequence exists is because the trauma occurred in the first place. An example from Liz interacting with her daughter illustrates this beautifully:

> Even, you know, she's only, she's 11, she doesn't know - I don't - I've not told her anything but, you know, she asks, you know, "Where did you - what school?" When she asks about school, because I didn't have a school life, she'll ask me and, you know, "What did you do? Mom, did you have to do this?" You know, she will say - but I always tell her that she has a very, you know, better chance than me.

Through her daughter's question, Liz is reminded that she "didn't have a school life" due to her experience of exploitation. She finds a way to address this difference in experience with her daughter, while not sharing the details of her trauma. Liz's example is illustrative of the impact of trauma that is not purely psychological nor harmful. Her trauma does have an impact on her relationship with her daughter and required her to engage in a strategy to address her daughter's question sensitively. This impact of her trauma was made visible only because she has a child and time has passed since the end of enslavement. At this stage in Liz's life journey, she is becoming aware of new ways that her trauma affects her experience of her current life. Years down the road, she may have a new way of addressing her daughter or decide to speak to a future child in a different manner about her past.

The various components of managing the impact of trauma are key to the process of wellbeing for survivors and permeate their lives. It is important to recognise that survivors of slavery in this study identified that the process includes managing the impact of trauma, but it is not entirely defined by this element. Building a life worth living is equally important. The practices of wellbeing that survivors suggested address either one of these aspects and sometimes both at the same time. By incorporating this sixth building block of the definition, the current definition states that: *Wellbeing for survivors of slavery is a* ***relational process*** that includes **practices**. The **practices are** activities and behaviours used to **manage the impact of trauma and build a life worth living.**

7.8 Learning about freedom from slavery.

The remaining theoretical building block to address from the findings is **Education.** In Chapter 6, I described this category as comprised of formal education and consciousness-raising education. Similar to the start of my construction process, I asked myself – what is the typology of education as it pertains to survivors' wellbeing process. Is it a mediator factor, a required action, or something else? I returned to the original Level 1 and Level 2 codes that were categorized under Education and determined that the different types of education – formal education and conscious-raising education – contribute to the wellbeing process in two ways. The first is that education is one of the practices of wellbeing. Whether it is attending college or seeking out information about one's rights, gaining additional knowledge allows survivors to **manage the impact of trauma** and b**uild a life worth living.** Every survivor requested formal education and emphasised formal education as an indisputable resource that is needed for their wellbeing. Participants indicated that access to college and other formal institutions allows them to learn specific subject matters, to socialize with other human beings, to learn about the society that they reside in, and to pursue a purpose for their life.

Additionally, I saw in the Level 1 and Level 2 codes that education was occurring through survivors' relationships with other people and merely by existing in a life after slavery. It is this type of education that I assign the phrase **learning from freedom.** In addition to managing the impact of trauma and building a life worth living, a key objective of wellbeing is learning about freedom from slavery. I use the phrase freedom from slavery to differentiate negative freedom and positive freedom. Positive freedom focuses on what people have the freedom to do, whereas negative freedom is about the absence of a situation or state – the absence of slavery (Milne, 1968).

For survivors of slavery, learning about freedom from slavery is about learning a new reality. Survivors post-slavery journeys exist in a reality that is completely different from the reality of enslavement. A life after slavery is a life free of slavery. To someone who has never lived outside of slavery, a life free of slavery is a life that is completely new. Their experiences of a life that is free from slavery will comprise only of the years of life after slavery. For someone who had a life free some slavery prior to their enslavement, life after slavery is different from life before slavery. There is a material difference between life without slavery *after* enslavement, and life without slavery *before* enslavement. Even if survivors were to return to the exact home, possessions, job or income, community and people that they had prior to their experience of slavery, they will inherently be older in age, and possess the lived experience of slavery that they didn't have before. This material difference means that survivors of slavery who had previously lived free from slavery, must now learn about a life free from slavery, having endured slavery and incorporating or changing their previous conceptions of a life free from slavery.

Learning about freedom from slavery occurs through a variety of forms of education. In addition to formal education, survivors discussed the education that they receive through relationships and merely existing in the state of freedom from slavery. This education includes the connection and/or reconnection with the experience of being a part of society in a new way. Survivors talked about how slavery was defined by someone else's control over many, if not all, aspects of life. Adjusting to a life where this control by another person is now absent, is not a process that is outlined in a college course. Nor is it prescribed by a doctor or a therapist. And yet, engaging in a diversity of relationships enables exposure to the many aspects of freedom after slavery.

The importance of exposure and breadth of experiences after slavery is as important to survivors as formal education. Several participants indicated that if they could design a post-slavery wellbeing program, they would include travelling to new places and offering as many activities as possible. Survivors also shared that experiencing the support of NGO workers, although not perfect by any means, taught them that strangers can care about one another and that there are systems designed to help people like them. Activities and relationships provide survivors with an education about being a human being outside of slavery.

For Jenny, a strong relationship with a Pastor helped her learn about her uniqueness as a person. Jenny shares, “[S]he always say that, ‘Don’t never forget that you are different. And you’ll never, ever find another you. No, even you are born twins, you’re never the same.’” So sometimes, I remember all those things when they say that. You know, okay, I have a life to live, I’m different.” Jenny has come to embrace her uniqueness and shared her evolution from feeling different from an alienated place, to feeling different from a place of acceptance. For Brian, his learning about being a human came from his therapist and fellow survivors. When asked what he would include in a program designed to support survivors’ wellbeing, he responded:

> Starting from the victim, I believe one person goes into, well when they’re found and they are a victim, there’s only such much the authorities can do to help you, unless you engage with them 100%. Which I don’t think my colleague that I was trafficked with actually took on the therapy 100%. He did it more just to please other people.
>
> I still remember the, when I last seen my therapist, she said to me when I first met her, I looked like a rabbit in the headlights, didn’t know what was going on. That’s when I started my EMDR therapy. And it also helps if you’re in touch with other survivors as well, and learning off other survivors, learning different tactics, trying not to get stressed out. Trying not to let things bother me, do you know what I mean, things can wait until, if things can wait until tomorrow, do them tomorrow.

Brian is comparing his own experience of therapy to his colleague’s. His reflection is part of the process of developing his own perspective of how the world works. Brian also highlights that “learning off other survivors, learning different tactics,” is an important program component to address survivors’ wellbeing. For Brian, peer-to-peer learning is a modality for seeking additional tools for managing stress.

Survivors are learning aspects of living that are distinct to being a survivor of slavery, and experienced only by other survivors. By its rare nature, the trauma of slavery is unknown to most people who can achieve a professional or academic role in anti-slavery work.

Consequently, survivors are often navigating learning how to live outside of “control tantamount to possession”, with anti-slavery professionals who are primarily not survivors. To meet the gap left by anti-slavery professionals, participants in this study emphasised the importance of learning with and from fellow survivors. The learning that is shared is both pragmatic, as participants talked about learning coping strategies from peers, but also social. Survivors are learning how to engage with people who are not their perpetrator nor someone who was victimized alongside them. With fellow survivors, they are socialising with a group of people with shared lived experience of modern slavery, minimizing social isolation and feelings of alienation. In this peer support space, survivors can learn from one another how to navigate a world that feels foreign to them but seems natural to others.

Learning about freedom from slavery is a key element of survivors’ definition of slavery because it informs the entire process. It allows survivors to learn about additional resources for their process, meet new people and build new relationships, and explore new meaning and purpose. Weaving learning about freedom into the other pieces of the definition, the complete definition offered by this thesis is: **Wellbeing for survivors of slavery is a relational process that enables and sustain practices for answering existential questions about meaning and purpose. The practices are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.**

7.9 Conclusion & Chapter Summary

Wellbeing for survivors of slavery is not an outcome but a process that occurs over time. Many elements of a survivor’s process are similar to all humans, such as reflecting about the past, present, and future, engaging in relationships with oneself and others, and building a life worth living. But there are unique elements of survivors’ wellbeing. The effects of trauma leave survivors frequently oriented to the past and there is an ongoing need to manage the many effects of trauma. When survivors are revisiting events in the past, they give their attention to the past, but the experience remains in present time. They are not living in the past, but the past may colour their experience of the present. The traumatic impact of slavery extends beyond psychological and physical harm, and includes loss of traditional life course development, loss of hopes and dreams, and the need to navigate systems that do not understand the lived experience of slavery.

Learning to live in freedom from slavery encompasses survivors' process and practices of wellbeing. Merely existing outside of slavery allows for this learning to occur. Formal education also enables this learning but is not always accessible by survivors. The need to learn about living in freedom from slavery is a distinct experience for survivors of slavery. It is one that is only shared by their fellow survivors of slavery and heightens the need for peer support.

This chapter highlighted that without life, a survivor of slavery cannot experience wellbeing. They cannot be in a process with themselves or others if they are not alive. Despite survivors' active engagement with questions about life and death, survivors of slavery are alive, and they have informed this definition of wellbeing. Survivors are continuing to manage the impact that trauma has on their lives and building a life worth living for them. For each of the interviewees, engaging in this research project was part of building a life worth living and part of telling us about what it is like to live in freedom after slavery.

In this next chapter, I will discuss the similarities and differences in this definition of wellbeing for survivors to other definitions of wellbeing and offer an early-stage theory that explains this definition.

Chapter 8: Discussion

The purpose of this study was to develop a survivor-informed definition for the wellbeing of survivors of slavery. The definition offered by this thesis contributes to the social construction of 'wellbeing of survivors of slavery.' The hope in doing so was to enable a starting point from which to theorise about survivors' wellbeing. Without a definition that establishes the boundaries of survivors' wellbeing, there cannot be an explanatory theory. A theoretical definition is also a prerequisite for operationalisation, and for providing descriptive accounts of how wellbeing manifests in survivor populations. As demonstrated in my literature review in Chapter 2, there is a growing body of research that documents the breadth of harm that enslavement inflicts upon survivors' health (e.g. Zimmerman et al., 2013; Zimmerman, 2008; Oram et al., 2012; Pocock et al., 2016; Kiss et al., 2015; Stanley et al., 2016). This literature is important for addressing survivors' suffering, as it enables practitioners can gain a deeper understanding of survivors' wounds and to develop improved interventions. However, this literature addresses only one of the three aspects of the survivor-informed definition of wellbeing: managing the impact of trauma. There remain two additional aspects of survivors' wellbeing that require attention: building a life worth living and learning about freedom from slavery.

The existing body of literature on wellbeing offers some insight into building a life worth living but does not address survivors' need to learn about freedom from slavery. Additionally, the existing field of wellbeing literature operates on theoretical assumptions that have not been challenged. Revealing these assumptions raised the question of whether existing wellbeing approaches are adequate for understanding survivors' concept of wellbeing. Some critics of positive psychology have also argued that the field of wellbeing inadequately addresses wellbeing for people with trauma, indicating that "the processes that benefit people facing optimal circumstances can harm people facing suboptimal circumstances" (McNulty and Fincham, 2012, 107).

The findings from this study fill a gap in both slavery studies and wellbeing studies and brings them together for the first time. Instead of applying existing theoretical models and methods of wellbeing research to the population of survivors, this thesis employed a Constructivist Grounded Theory Approach and Methodology. This approach was selected in order to approach the phenomenon of survivors' wellbeing with as little preconceived ideas as possible, as well as to stake a claim in the knowledge production process. The claim is this: by starting the academic tradition of investigating survivors' wellbeing *from the standpoint of survivors*, the stage is set for future research to build upon, and even critique, this foundation. The important point is that the foundation is set by a survivor-researcher and survivor-informed theoretical assumptions.

Inherent in this study was a social constructivist epistemology. A social constructivist epistemology recognises the role of social scientists in demarcating and legitimizing human experience. As social beings, researchers are not detached from the phenomena that we study and are subject to sociocultural influences. Our own politics and motivations inform our definition of any social phenomena. The politics and influences in defining wellbeing are essential to consider because wellbeing is a construct that frames political action and resource allocation from governments (Schrank et al., 2013; Stone, 2012). Therefore, defining a social construct has sociopolitical consequences. Embracing this potential, this study aimed to develop a survivor-informed definition of wellbeing in order to begin the discussion of survivor wellbeing by listening closely to survivors. This social constructivist epistemology embraces the unique standpoint epistemology that I, as the lead researcher, bring to the data analysis. The interpretations that are presented in this discussion section are influenced by the many factors that define my social position as a researcher. To name a few: my training and experience as a social worker, my professional life working with anti-slavery NGOs, my development as an early career researcher, and my lived experiences as a woman of colour, and as a survivor of slavery. Although my positionality inherently effects my interpretations of my findings, I have undertaken practices that help to ensure the trustworthiness of my qualitative research study. These practices are described in Chapter 5, where I discuss my reflexivity methodology at length. At the end of this discussion chapter, I will also highlight limitations of the study that are linked to my social positionality.

Also inherent in this study was a critical realist ontology that accepts wellbeing as an objective phenomenon in the real world *and* that it is experienced subjectively by individuals. Groups of individuals may share similarities in their subjective experiences, indicating that there is a high probability of objective evidence for their subjective experiences. This critical realist stance allows me to assign value to survivors' lived experiences and interpretations of wellbeing, while placing their definitions of wellbeing in a larger context of a social world that exists outside of their subjectivities. As a qualitative study, this thesis does not intend to offer a single 'True' definition of wellbeing that can be generalized across the entire survivor population, as generalizability is a concept applied to quantitative research (Korstjens & Moser, 2018). This does not mean that the findings are narrowly applicable to the participants in this study. As a reminder, grounded theory methodology requires analysis that begins very close to the data but ends in greater abstraction from the specific data (Bryant and Charmaz, 2007). The definition of wellbeing offered by this thesis is *one* definition that researchers and practitioners can assess for its usability in other contexts.

The definition that is offered by this study is: **Wellbeing for survivors of slavery is a relational process that enables and sustain practices for answering existential questions about meaning and purpose. The practices of wellbeing are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.** Table 12 highlights the three conceptual dimensions that this definition provides.

Table 12: Conceptual Dimensions of Survivors' Wellbeing

Framework for Wellbeing	Function of Wellbeing	Practices of Wellbeing
Relational Process	Answering existential questions of meaning and purpose	Managing the impact of trauma
		Building a life worth living
		Learning about freedom from slavery

The first dimension offers a significant shift in how we theoretically understand wellbeing. By embracing wellbeing as a relational process, rather than an outcome to be achieved, this will elucidate the remaining dimensions of this survivor-informed definition of wellbeing.

8.1 Wellbeing as a process, not an outcome.

The definition that emerges from this study indicates that wellbeing for survivors of slavery is a process rather than an outcome. Where existing research on wellbeing seeks to answer the question ‘what makes the good life?’ and attempts to offer a widely generalizable answer (Diener, 2000; Seligman, 2011; McNulty and Fincham, 2012), survivors of slavery are indicating that they are conceptualizing wellbeing different from current theories. In Chapter 2, I shared how positive psychology established wellbeing as a construct that is comprised several dimensions (Seligman, 2011). The construct is not considered ‘a real thing’ but its dimensions, such as positive emotions and meaning, are considered real and measurable (Seligman, 2011). Although the definition offered by survivors share similarities with the dimensions that are central to positive psychology, such as seeking meaning, the nature of these dimensions is different because for survivors they are actions rather than states of being.

In this section, I will attempt to elaborate on this difference by focusing our attention on the framework of understanding wellbeing as a process. The theoretical framework of ‘wellbeing as a process’ challenges the normative theoretical approach to wellbeing as an outcome (see Chapter 2 for more details). Diener (2000), who brought the study of subjective wellbeing into acclaim, acknowledges that there are processes underlying wellbeing but articulates these processes as distinct from wellbeing itself. To consider wellbeing as a process instead of a destination at which to arrive, raises unique challenges to our understanding of wellbeing. If wellbeing is not measured by the absence of illness or the presence of positive functioning, it is neither something that requires a remedy or attainment. Wellbeing as a process indicates that it is a series of actions in which individuals engage or disengage.

As discussed in Chapter 2, current wellbeing literature stems primarily from two strands of understanding about the nature of human beings: *eudaemonism* (the pursuit of self-actualization) *and hedonism* (the pursuit of positive feelings). But the assumptions about the nature of human beings and the function of wellbeing in a society cannot be taken for granted. There is no universally accepted understanding about the nature of life and living. Moreover, if existing studies about the nature of wellbeing have been conducted by and for people who have not endured enslavement, we cannot be sure that these conclusions apply to survivors. This study demonstrates that survivors challenge the tacit assumption that the nature of human life is to pursue happiness and/or to pursue self-actualization. Rather than accept any one conclusion about the nature of human life, survivors' definition of wellbeing addresses the process of allowing an individual, in this case a survivor of slavery, to explore the questions of the nature of *their own life* – their own unique meaning and purpose. Wellbeing definitions that presume the meaning and purpose of human life excludes the possibility for individuals to incorporate alternative meaning and purposes for their lives. It is not for researchers to presume that wellbeing for survivors is to seek happiness or to seek self-actualization, or even to presume that these are possible as they are defined.

Survivors' definition of wellbeing made it clear that engagement with the question of why be alive and what to live for, are central to their experience of wellbeing. The evidence provided in Chapters 6 and 7 point to a unique framework – that survivors are not necessarily acting from a place seeking positive feelings or positive functioning - they are acting from a place that engages the questions of what is the nature of *my* life? Why should I be alive and what shall I do with this life? Every participant in this study, despite the range of years of that had passed since the end of their exploitation (1-19 years), shared that they experienced thoughts about or attempts of suicide after their enslavement ended. They also indicated ongoing engagement with the question meaning and purpose. Participants did not emphasise the conclusion of this process and the need to reach an answer as evidence of wellbeing. Survivors indicated that engaging in the practices of wellbeing was evidence of the process of wellbeing. Where existing outcome-based constructs require the presence of certain dimensions, the definition offered by survivors requires *activities* related to those dimensions. This was demonstrated most clearly as each person sat in front of me and indicated that they wanted to speak with me in order to benefit themselves and others. The benefits of engaging in qualitative research are increasingly documented by researchers, indicating that interviews can contribute to healing (Murray, 2013; Birch & Miller, 2000), self-expression and acceptance (Opsal, et al., 2016), self-reflection (Birch & Miller, 2000), and the opportunity to give voice for marginalized issues (Madziva, 2011). By participating in the interview, survivors were engaging in a practice of wellbeing – as earlier participant quotations indicated, survivors were managing the impact of trauma *and* building a life worth living through the interviewees.

This shift from a outcomes-based approach to wellbeing to a process-based approach to wellbeing is significant because it removes the opportunity for a value-laden, normative outcome that drives all health interventions. Stated another way, wellbeing as a process enables greater individuality and self-definition, whereas wellbeing as an outcome reaffirms normative ideas of who is ‘well’ and who is ‘ill’. As shared earlier, Ryff’s (1995) psychological wellbeing construct names self-acceptance as a key dimension of positive psychological functioning. It describes a high score in the self-acceptance dimension as representing someone who “feels positive about [their] past life” (Ryff, 1995, 101) and a low score represents someone who “is disappointed with what has occurred in past life” (Ryff, 1995, 101). In this regard, any individual who does not feel positive about previous experiences of enslavement would achieve a low score of self-acceptance. Their ability to achieve a higher score would require them to find a way to feel positive about past exploitation or resolve their disappointment about the past. Underlying this dimension of self-acceptance is an assumption of the ability for every person to feel positive about their past. Whether or not this was intended, the dimension of wellbeing limits the achievement of wellbeing to a specific group, and pathologizes those who cannot achieve a high score. This is not to say that every survivor of slavery and trauma will never resolve feelings of disappointment or feel positively about their past. The point is to emphasize that this dimension has not incorporated the idea that there might be certain past experiences that nearly every person would fail to feel positively about. As indicated by my research participants, even those who have been out of slavery for quite some time engaged in practices to make meaning of their past trauma and address its ongoing negative consequences.

Wellbeing as a process challenges the social norms that are built upon dominant culture values. In this instance, wellbeing as a process challenges the cultural norm that is set by the existing cannon of wellbeing literature. Built primarily upon European and American psychological theories, the accepted concepts of wellbeing establish a standard that is culturally biased towards White, Western, norms (Dang and Leyden, 2021). These norms are concerned with achievement, productivity, and efficiency, to name a few (McGoldrick and Hardy, 2008). The assumption that wellbeing is a desirable and achievable outcome that is pursued as a part of human nature, is not often questioned. Nor is the theoretical approach to wellbeing as an outcome commonly tested. Research has not inquired about the potential differences in the morphology of wellbeing. For survivors in this study, wellbeing is different in its structure – it is the process, not the destination.

Wellbeing *is* the process rather than a state of being that results *from* the process. Applying the Cambridge definition of process cited earlier to survivors' definition of wellbeing, we can understand survivors' wellbeing as a series of actions and changes. The specific actions are the practices of wellbeing. As these practices are enacted again and again, they become a series of actions over time. Moving beyond a generic dictionary definition of wellbeing, I sought to understand wellbeing as a psychological process. Tamayo (2011) indicates that psychological processes, “should be characterized by (a) their biological substrates, (b) the adaptive function they fulfil, and (c) a formalized description of the changes in the states of the organism and the environment” (323). Because this was a qualitative study, I am unable to provide evidence of the biological substrates of the process of wellbeing. However, I do provide evidence of the adaptive function of wellbeing as a process and describe the changes in the states of the human organism of the survivor, as well as describe the changes in the environment.

The change in the environment is the shift from life in enslavement to life after enslavement. The survivor’s environment shift is from being subjected to the “powers attached to the rights of ownership” (League of Nations, 1926) by another person, to being autonomous. The changes in states are what I have referred to as the practices of wellbeing. The practices of managing the impact of trauma, building a life worth living, and learning about life in freedom presupposes a state in which these do not exist. Survivors’ practices enable them to go from unregulated effects of trauma to self-managed and/or externally managed impacts of trauma; from having nothing worth living for to building a life worth living; and from knowing nothing about freedom to learning how to live in freedom from slavery. These changes in state are different from current concepts of wellbeing which measure the absence or presence of positive emotion. This new concept of wellbeing suggests that wellbeing measures the absence or presence of actions (or practices) that *might* alter psychological states. Instead of a psychological state indicating wellbeing, the state of being in action indicates that the process of wellbeing is occurring. Extending Tamayo’s (2011) definition further, survivors’ definition of wellbeing plays the adaptive function of answering the existential questions of meaning and purpose. These questions are not unique to survivors and are arguably questions of universal human pursuit (Fromm, 2006; Camus, 1955); rather, wellbeing *as the process* that allows survivors to engage with and sustain engagement with these questions is what is unique. Instead of wellbeing as survivors’ answer to 'what is the good life?' wellbeing is the process by which survivors seek to answer, 'what is a meaningful and purposeful life for me, now that I have exited slavery?'

Although some survivors in this study provided an answer to those questions, for example stating that a meaningful and purposeful life is one in which they were a good parent, what became clear through my analysis is that survivors were more concerned about the process of discovery of meaning and purpose. The theoretical categories referred to the practices and conditions that can enable their process of discovery. The practices encompassed many specific actions, all of which helped survivors to manage the impact of trauma, build a life worth living, and to learn about life in freedom after slavery. The condition of the process is that it is relational and engages other people as well as their own capacities. Individual processes may share similarities in activities, but do not require that everyone reach the same end goal or state of being. Without a universal end goal to attain, there is less opportunity to establish a culturally dominant, socially acceptable outcome of wellbeing that can be used to establish hierarchies of wellbeing achievement.

8.2 Answering existential questions of meaning and purpose

A process-based approach to wellbeing allows greater attention to be given to the function rather than the outputs. For survivors of slavery, the function of the wellbeing process is to engage and sustain engagement with two key existential questions. In earlier chapters, I referred to this element as survivors' desire to live, highlighting that the desire to live is a question of meaning (why be alive?) *and* purpose (what to do with this life?). Survivors in this study demonstrated that they do not have an unwavering desire to live. Each participant confronted suicidal thoughts and/or attempts at some point after enslavement. The looming possibility for a survivor to revisit suicidal thoughts is evident, as the primary risk factor for suicide, a diagnosis of depression (Hawton et al., 2013), is heavily documented in current literature (Abbas et al., 2013; Hossain et al., 2010; Oram et al., 2012; Ottisova et al., 2016). These cross-sectional studies by nature of their design, cannot capture any on-going thoughts of suicidality. Also, suicidal ideation is only one of the symptoms of depression (APA, 2013) and an overall diagnosis of depression can overshadow the specific experiences that a person is having with regards to questions about ‘why be alive?’.

The definition offered in this thesis embraces that survivors have an ongoing engagement with the questions ‘why be alive?’ and ‘what to live for?’ as the central function of the process of wellbeing. For survivors of slavery, ownership over the existential questions of meaning and purpose are systematically assaulted by the institution of slavery. Nicholson et al. (2018), offered “lack of purpose, where actions lose their meaning” (707) as a new dimension for the legal definition of slavery. In this dimension, they highlight that a survivor “experiences a disconnection between choice and action, for actions are at the will of the slaveholder and have no purpose or meaning to the enslaved. He is aimless and motiveless” (2018, 707). After exiting enslavement, survivors are no longer subjected to the aims or will of a perpetrator. Their own aims of survival and or escape have also been achieved. This leaves a void to be addressed – what are the aims for a survivor after they have exited slavery? This thesis argues that wellbeing is the process that enables survivors to explore and seek their own answer to the questions of meaning and purpose.

8.2.1 Meaning – Why be alive?

For centuries, philosophers (e.g. Camus, 1955), sociologists (Milne, 1968; Abrutyn and Mueller, 2014), and psychologists (Fromm, 2006) have discussed suicide and the meaning of life. Suicidality has been associated with the absence of meaning and purpose (Camus, 1955), depression (Hawton et al., 2013), and socially conscripted relationships (Abrutyn and Mueller, 2014). In his seminal work *The Myth of Sisyphus,* Albert Camus wrestles philosophically with the question of suicide and argues that even with the conclusion that life has no meaning, the act of suicide does not have to be the rational consequence of that conclusion (Camus, 1955). Durkheim asserted that suicide was a consequence of how social institutions organise and assign limited social roles to people (Abrutyn and Mueller, 2014). Evidence for both Camus' approach and Durkheim's theory of suicide was evident in interviewees' responses. But instead of asserting a claim about whether life is meaninglessness or meaningful, or about the causes of suicide for survivors of slavery, this thesis is highlighting that survivors are actively engaged in creating, discovering, and/or answering questions about suicide, life, and meaning.

This engagement is no different from other human beings' engagement with the questions and may not resolve itself. There may not be a measurable outcome called "meaning in life," by which we can then point to the existence of wellbeing. Rather, it is the investment in a process of seeking a meaning through enacting practices, and the presence of these ongoing practices that point to the existence of survivors' wellbeing. Questions of meaning in life extend outside of the acute moments of suicidality. This process has no defined time limit and does not require a final output. Survivors may at some point make a meaning for their lives, but this meaning can evolve and change. Answering the existential question may even be a lifetime pursuit. Survivors may have a temporary resolution and adapt their meaning and purpose as life continues. Wellbeing for survivors of slavery is an individualised process, which allows for each person to take whatever time is needed for them. Wellbeing as a process for survivors is bound to the time period between their life and their death. As discussed, survivors in this study demonstrated a keen awareness of biological time and the time of their lives stolen by enslavement.

Meaning in life is not a new dimension of wellbeing and is accepted by wellbeing researchers as a key component (Steger, 2012). Current research integrates the two concepts of meaning and purpose into the same construct (Steger, 2009; Ryff 1995). Steger (2009) defines meaning in life "the extent to which people comprehend, make sense of, or see significance in their lives, accompanied by the degree to which they perceive themselves to have a purpose, mission, or overarching aim in life" (682). For Steger, meaning includes a value for living *and* an objective for living. The value for living is how people 'see significance in their lives.' Trauma researchers have documented that in situations of grave danger, individuals cope by creating meanings that allow them to feel powerful such as 'I must have been born to deserve this treatment' (e.g. Herman, 1992; Caruth, 1995). After enslavement, survivors will reassess the meaning they had to create in the environment of danger, especially if they enter into a political and social system that introduces to them the concept of victimhood. For the first time since their enslavement, survivors may begin to question their previous meaning making. If the enslavement is no longer explained by a belief in their destiny to be enslaved, survivors are left to create a new explanation – survivors are left to determine the significance of their life.

The legal definitions of slavery indicate that the significance of a person's life *to their perpetrator* is determined by a monetary value, a profit margin, or an assigned utility value (League of Nations, 1926). The victim's hope for survival becomes linked to the ability to remain useful. The significance of a person's life *to themselves* is minimized in order to maximize their significance to the perpetrator in hopes to stay alive. Once out of enslavement, a survivor must either reconnect with the significance they once assigned to their lives or they must establish new significance for themselves. Wellbeing is the process of creating this significance - the process of answering the question of meaning in life. Creating and assigning value to their lives will require letting go of a story that helped them survive – that their value was the value assigned by the perpetrator. This letting go takes time and is why it is part of a process of wellbeing.

Stenger's second aspect of meaning is having an objective, or purpose in life. For survivors in this study, having a purpose in life can provide meaning, but it is also possible to decide on a meaning without having a purpose. For example, one participant indicated how she believed that the fact of being alive itself, demonstrated that there was a reason to be alive. This was separate from her purpose in life, which is to be a good mother to her child. Meaning can be derived from purpose, but it can also be derived elsewhere. It is difficult to grasp the separation between the question “why be alive?” and “what to live for?”, but this differentiation was evident in survivors’ responses. Meaning for survivors is about creating an explanation for life as well as facing the desire to die as part of their fight to live. With recurring thoughts of suicide and ongoing confrontation with the specific question, ‘why be alive?’, survivors face the pain of their current lives, the surprise of still being alive despite the violence of enslavement, and the absence of an explanation for their life.

The ability to stay engaged with this question is what matters. Without a good enough answer to ‘why be alive’ and a history of suicidal thoughts or attempts, survivors are at risk of finding no meaning in life and concluding that suicide is the only answer to meaninglessness. But if a survivor is able to continue seeking an answer to the question of meaning, this means they are continuing to engage in life. Existing literature does discuss the difference between the *presence* of meaning and the *search* for meaning (Steger et al., 2008a). That body of literature explores factors that have an effect on the search or presence of meaning, whether search of meaning is positively or negatively correlated with wellbeing, and whether unique personality traits and dispositions effect someone’s search for meaning (Steger et al., 2008a; Seligman, 2002). The Meaning in Life Questionnaire specifically aims to measure both the presence of meaning and a person’s search for meaning (Steger et al, 2008b). Current models indicate that the search for meaning may dissipate, become resolved, or become less important if other factors of wellbeing are present (Steger et al., 2008b). Survivors’ definition emphasises that a dynamic and continuing engagement with the question of meaning is central. The presence of a search for meaning does not indicate high or low levels of wellbeing; rather it indicates that the wellbeing process is active. It is the process of addressing the question of meaning that serves as one function of wellbeing.

8.2.2 Purpose – What to do with this life?

Addressing the question of purpose is the other function of survivors' process of wellbeing. As some scholars have theorised, a purpose in life is about contributing to something greater than one's self (Ryff, 1995; Steger, 2009). For survivors of slavery, there is a drive to find or create a purpose in their lives to demonstrate their efficacy and to experience happiness. Whether their purpose was to be a good parent or to improve conditions for other survivors and people who are currently still enslaved, survivors in this study emphasized that having a purpose brought them motivation and joy. There was an awareness that their purpose might change, but that having a purpose enabled them to enhance the meaning of their lives. For those who did not have a defined purpose, they found motivation in exploring the potential purposes for their lives.

The process of answering the question of purpose - 'what to do with this life?' - is intricately connected to survivors' key practice of wellbeing: building a life worth living. Purpose is not established by sitting around and waiting for it arrive. Engaging with fellow survivors, education, and other activities creates the environment for survivors to explore what purposes exists in the world and what purpose in life makes live worth living. Because formal educational institutions are a site for information sharing and sociocultural learning (Ylimaki et al., 2017; Friere, 1960; Dewey, 2009), it is not surprising that survivors in this study indicated that engaging in formal education is a key practice of wellbeing. Others have also documented survivors desire for formal education (Rajaram & Tidball, 2018). Formal education allows survivors to build knowledge for a potential career or life purpose, develop friendships, and learn the social norms of their new environment.

As with transitioning from finding value in life based upon their perpetrator's assigned value, survivors must transition to finding purpose outside the perpetrator's purpose for their lives. Survivors may have had a purpose prior to enslavement that they want to return to, or they may reassess and shift their purpose entirely. Access to resources and support that enable exploration is critical in this process. For survivors who were encumbered by lack of legal status, the range of activities for exploration was limited. Consequently, survivors may pursue whatever purpose is available to them, instead of what their true desires may be. Survivors in this study specifically lamented the challenges of having nothing to put their energy into. The desire to contribute to the world outside of themselves was for the betterment of others, but also for a satisfaction of using their capacities for a purpose of their own choosing. This stands in stark contrast to being forced to use their bodily and psychological capacities for someone and something not of their choice.

Experiencing efficacy in the activities of building a life worth living is also critical, as it enables survivors to have a lived experience of being capable of skills and tasks beyond what their perpetrator engrained in them was acceptable. These new lived experiences contribute to neuroplasticity and adaptation of the brain to a new environment (Siegel, 2012; Schore & Schore, 2008) with a new set of rules– rules that are much less restrictive. One of the key avenues for survivors to demonstrate efficacy is through contributing to anti-slavery efforts. In analysing over forty written autobiographical narratives of survivors of modern slavery, Murphy (2019) posits that “[f]or people who have themselves been enslaved, the reality of captivity is all too close, and any existence of slavery is a sign that they might be brought back into slavery” (99). She goes on to suggest that this reality is what drives survivors’ sense of responsibility and duty to create a world free of slavery (Murphy, 2019). Murphy’s analysis resonates with the responses of survivors in this study, each of whom wanted to speak with me to ensure this thesis effects positive change. Survivors I interviewed were especially concerned with enabling survivors to access the resources needed to ensure their wellbeing. The act of contributing to this thesis was one way to enact their own purpose.

The desire of survivors of slavery to pursue social change is no different from the movements led by mental health service users (Pelka, 2012) and survivors of other traumas, such as gun violence (Jones, 2020), intimate partner violence (Kelly et al., 2017) and cancer (Walsh-Burke & Marcusen, 1999). Each population grasps the unique position and contributions that lived experience can have in making change. For survivors of slavery, this process of creating a purpose from the lived experience of slavery, appears essential to their process of wellbeing. It is not only that survivors' wellbeing is a process of answering a general question of purpose (what to do with this life?), but also a process of answering a specific question of purpose - what to do with this life, given the history of enslavement and its ongoing impact on my life? As I will discuss in the next section, survivors' wellbeing includes regular practices of managing the impact of trauma and finding ways to incorporate these practices into daily life. Survivors are simultaneously answering the existential question about purpose, the existential question about meaning, while also managing the impact of trauma, which can threaten their ability to stay engaged with those questions.

The wellbeing process is therefore encompassed in the practices that enable survivors to stay engaged with the questions of meaning and purpose. These practices are essential, because they keep survivors engaged in life. It could be assumed that a definition of wellbeing is inherently designed only for people who are living. Yet, this need for survivors to be alive to engage a process of wellbeing is worth highlighting because of the extent to which survivors indicated that they grapple with wanting to die while also being alive. Every participant who told me about their desires to die, was sitting right in front of me. In the act of seeking answers to the existential questions, each survivor was living *with* the questions. Without the practices that enable survivors to live with the questions, survivors may stop living altogether, and conclude that the answer to the questions are that there is no meaning or purpose to life. In the next section, I will describe the practices that enable survivors to live with and engage these existential questions and the practices that sustain their engagement despite challenges.

8.3 Practices of wellbeing

The practices of wellbeing are the activities of the process of wellbeing. These activities support survivors in answering or engaging with the questions of meaning and purpose. Practices are behaviours that can be learned and improved over time and require on-going actions by an individual. The three main practices identified by survivors in this study were: building a life worth living, managing the impact of trauma, and learning about life after slavery. These practices can be treated as distinct and separate from one another, but they are significantly intertwined.

8.3.1 Building a life worth living

As briefly mentioned earlier, building a life worth living is interconnected with survivors' process of answering the question about purpose. It is in the act of building a life, or learning about the materials and tools available, that survivors can establish a life that has value to them. Survivors of slavery must build a life after enslavement because it is not handed to them and it is not the utopia that anti-slavery stakeholders advertise. The reality of life in freedom after slavery is much less glamorous, and met with challenges such as navigating political bureaucracy, being in the crossfires of immigration policy, finding food and housing, and placing trust in strangers, to name a few. Murphy (2019) introduces the concept of the "not-yet-freedom" narrative, highlighting that "[a]fter emancipation, new slave narrators are often left uncertain of even the existence of freedom because their ability to exercise their free will falls so radically short of their expectations while enslaved" (81). She is not criticising survivors' expectations; rather, she shines a light on the material realities that limit survivors' ability to build a life in freedom that is worth living (Murphy, 2019). The limitations on survivors in the UK are documented by many NGOs, demonstrating the destitute, impoverished, and challenging conditions that face survivors after exiting enslavement (e.g. British Red Cross, 2018; Anti-Trafficking Monitoring Group, 2013; Sophie Hayes Foundation, 2014).

The practices of building a life worth living are varied and individualised to each survivor. Some of these practices must address residual issues that survivors faced prior to enslavement (such as malnutrition), learning to engage in a new environment (such as a new country), and addressing new situations of daily living (such as renting a place to live). Successful practices can bolster survivors' wellbeing process, contributing to their sense of meaning and purpose. Limited practices can hamper survivors' wellbeing practices, reaffirming a lack of meaning or a sense of purposelessness. As with all the key activities of the process of wellbeing, the practices of building a life worth living are interdependent with the political, socioeconomic, and environmental factors. If immigration status does not afford the right to employment, the avenues to build a life worth living are severely impeded. It is through taking action to fight and challenge these barriers that survivors may not only find purpose, but also help create the conditions for which they can pursue their purpose.

8.3.2 Managing the impact of trauma

Survivors' wellbeing includes dealing with the symptoms and consequences of trauma. Existing wellbeing constructs do not incorporate any aspect of managing trauma (Seligman, 2011; Ryff & Keyes, 1995; Diener, 2000) This is because wellbeing research was built on the assumption that it is at a polar opposite to illness or symptoms of illness. For survivors, wellbeing does not need to erase the symptom of trauma; rather, the process needs to sufficiently address the impact of trauma. Recurring memories, nightmares, triggers, and reminders of trauma were reported frequently by survivors in this study and is documented elsewhere (e.g. Abas et al., 2013; Pocock et al., 2018; Kiss et al., 2015). Survivors shared the practices that they utilized to deal with these and that it is an on-going process.

It is well understood and documented that experiencing safety in the present day fosters and enables survivors of trauma to engage in trauma treatment (van der Kolk, 2014; Szczygiel, 2018; Courtois, 2008). It can take years of building a safe therapeutic alliance before emotions and bodily experiences that were repressed at the time of the trauma will resurface (Herman, 1997; Szczygiel, 2018). Neurobiologists and psychologists have also indicated that the brain is powered by a statistical engine that processes neural firings (Siegel, 2012). If this is the case, the number of years the brain has lived in slavery is as important to the number of years the brain has lived post-enslavement. The balance of neurological experiences in trauma might be greater than the balance of neurological experiences in post-trauma life. Additionally, if traumatic experiences, slavery or other, occurred during a person's formative early childhood years, this leaves an indelible mark on their brain and effects functioning throughout the lifespan (Anda et al., 2006; van der Kolk, 2014).

The fact that survivors' wellbeing includes managing the impact of trauma challenges the idea that people need to be seen within the dichotomy of ill or healthy. This is not to argue against empirical realities of illness or optimum health. This is more to challenge the value-based assumptions and judgments that are often embedded and hidden into definitions of illness and health. Survivor engagement in anti-slavery work as a purpose is also a practice of managing the impact of trauma, allowing survivors to build a new legacy to counteract the legacy of trauma (Dang and Leyden, 2021). This also challenges the idea that because managing the impact of trauma remains a significant element of one's life, that person should be viewed primarily through the lens of trauma. I am speaking directly to survivors' rejection of "survivor of slavery" as the only aspect of their identity. Although managing the impact of trauma is one of the practices central to survivors' wellbeing process, it is not *the only* practice.

Maintaining wellbeing as a process, means that the process will continue to require practices to manage trauma and respects survivors' indication that the impact of trauma includes ongoing loss or consequences that occur many years after enslavement has ended. As several interview participants indicated, as they continued to live in freedom from slavery, they became aware of losses or learned about elements of life that they never knew existed before.

8.3.3 Learning about freedom

Whether people were born into enslavement or were exploited after living some number of years outside of enslavement, there is a readjustment process that occurs after exiting exploitation. Survivors must adjust to living in the world with a new social identity (Okech et al., 2018; Curran et al., 2017; Taylor & Usborne, 2010). Even if survivors remain quiet about having experienced enslavement, they will need to adjust to the discrepancies between how they experience the world and how others experience the world. For people who are abused and enslaved for many years of their lives, the human development that could have occurred if it were not for enslavement is lost. As Kapeni, one of the study participants, showed us earlier, his peers were doing things that he was not doing, despite being the same age. The difference in experiences is more than Kapeni not going to school and his peers going to school. The difference in experiences also encompasses the growth and development that Kapeni did not receive from attending school, as well as the burden of all the experiences he had instead. The very nature of slavery ensures that a person who is being enslaved does not experience human development in the same way as someone who is not being enslaved. If a majority of a person's age peers are not enslaved, then a survivor of slavery will carry with them a difference in developmental experiences from their age peers.

Learning about freedom after slavery is inherent in the process of merely existing in the world as someone who is no longer enslaved. Survivors are learning the privilege of living in freedom from slavery. Survivors are learning a new reality and awakening to the world, not just learning new skills for their new reality. For those who had a life prior to being enslaved, they are reconnecting to reality that is not slavery. This reality can only be different from the previous reality, if only because the person has aged. For those who were born into a system of slavery, they will be connecting to a reality without enslavement for the first time.

Living in freedom from slavery for survivors of slavery is not the same as freedom from slavery for people who have lived in continuous freedom. Although it may appear to look the same in many ways, there are unique challenges to living in freedom from slavery *after* exiting enslavement. Like “white privilege’, the privilege of continuous freedom is by nature hard to see. If survivors are facing a world where the reality of their experiences is generally unknown or even unfathomable to people around them, the burden of helping people to understand lies on them. This burden has a unique challenge. The burden of being illegible. Laura Murphy (2019) uses the phrase “making slavery legible” to articulate how survivors often have to even fight to be seen as a survivor of slavery, because there is widespread assumption that slavery has ended. Consequently, survivors’ experiences post-enslavement might be uniquely lonely and isolating, given that a majority of society will not have experienced what they most recently experienced. Additionally, unless survivors exit as a group or with at least one person who was enslaved alongside them, they are adjusting to a world where they may be the only witness to their traumatic experience. Caruth (1995) argues that in some cases, survivors of extreme trauma do not even witness their own experience, due to the need to dissociate from the experience to survive.

8.3.4 Summary about practices of wellbeing

What is evident in survivors’ practices of wellbeing is the need to address the deleterious effects of past trauma *as well as* address their present and future lives through building a life worth living and learning about freedom from slavery. It is these practices, or series of actions, that comprise the process that survivors call wellbeing. Survivors are engaging in these actions, self-accessing their progress, and sustaining their engagement with existential questions through their actions. Survivors are taking risks by trying different practices in different scenarios. They are learning how the practices affect them in physiological and psychological ways and adapting to external restrictions they face. Although these practices have been described from the lens of the survivor as the protagonist, they are not completely alone in their wellbeing process.

8.4 Wellbeing as relational.

In this survivor-informed definition of wellbeing, wellbeing is a relational process. The concept of a relational process emphasises the position of survivors as people who live in a social world. This is not unique to survivors, but it highlights survivors' ontology that they do not exist externally or detached from the world around them. Their individual wellbeing is intricately tied to their social environment. In the 'relationship-based' theoretical concept that emerged from the data, survivors recognised the influence of other people, institutions, the environment, as well as their own subjectivity, on how they experience the world. This concept resonates with an ecological approach to care (Sanchez and Pacquiao, 2018) and the model of health determinants (Dahlgren & Whitehead, 1991).

Speaking about survivors of domestic minor sex trafficking (a phenomenon commonly accepted within the umbrella of slavery), Sanchez and Pacquiao (2018) argues for a care system that intervenes at the individual, relationship, community, and societal level. This ecological framework shares similarities with the model of health determinants, which identifies many factors external to an individual as relevant for understanding the health status of a person (Dahlgren & Whitehead, 1991). In both these models, wellbeing remains an individual phenomenon but there is a greater emphasis on the impact that social relations and structural causes have on the individual person. Compared to traditional medical model approaches, ecological and health determinants approaches promote interventions with an individual as well as interventions focused outside of the individual person and in their environment. Survivors of slavery in this study provided evidence of a similar approach to wellbeing as the ecological framework approach. They highlighted the importance of their relationship with themselves (individual level), with family (relationship level), with fellow survivors and with service providers (community level), and with social institutions such as the Home Office (societal level). Survivors' also identified many of the same factors as the model of health determinants as influential on their wellbeing, including unemployment, education, lack of social and community networks, and health care services. These relationships were critical to their practices of wellbeing and determined access to the resources needed for their process of wellbeing and determined capacity for survivors to engage in those practices. In survivors' definition of wellbeing, the influences on the process of wellbeing will have an effect on the function and outputs of the process.

With a process-based construct of wellbeing, an ecosystems framework allows for some of the unique elements of survivors' wellbeing process to become highlighted and understood. For example, the ecosystems model highlights the importance of external conditions on the functioning of a process with an individual. A concrete example from the participants in this study is the effect that waiting for a decision on their asylum case has on their wellbeing process. Their individual efforts to enact the practices of wellbeing may still be within their control, but the asylum decision is not in their control and heavily affects their ability to engage in wellbeing practices. An ecosystems framework places more emphasis on the conditions required for a process to occur. Instead of evaluating individual achievements to obtain wellbeing, we can evaluate ecological provisions that enable or hinder processes of wellbeing.

An ecosystems framework also enables us to consider the intersectional impact of other oppressions and marginalization in an environment, such as sexism and racism. The majority of this study's participants were from African nations that were previously colonized by the British. This legacy of colonialism in foreign policy will also have an impact on the external conditions for survivors' wellbeing process. As mentioned earlier, during the time period in which this thesis was conducted, there was heightened awareness of racism against Black people and the rise of nationalism around the globe. These factors contribute to survivors' environment at micro, meso, exo, and macrolevels. For example, their experience can depend on the level of racism in their local neighbourhood or on the UK government's approach to asylum seekers. These ecological conditions inform the relationships survivors have access to, define their entitled social service provisions, and the quality of the built environment in their places of residence. Focusing on the ecological conditions may allow researchers to consider the likelihood for any person in a particular context to be able to engage in a process of wellbeing. For example, under what conditions can survivors manage the impact of trauma or build a life worth living when the political system does not allow for stable residency? The individuals whose wellbeing processes flourish despite deprived ecosystems would be considered outliers, rather than the standard. Those whose wellbeing processes struggle within deprived ecosystems could then be treated as consequences of the ecosystem, rather than individual failures who need to be further pathologized.

The ecological framework is also applicable because of its focus on humans changing over time through relationships with others and their environment (Bronfenbrenner, 1977). This is where survivors' theoretical categories of 'time-bound' and 'relationship-based' (described in Chapter 6) become integrated. In a relational process of wellbeing, individuals, their relationships, and their environment change over time. These changes are recognised as part of the process, and the process allows for the changes in inputs and mediating factors to cause a change in the outputs. For example, as survivors' lived experience in life after slavery accumulates, this may have an effect on how they answer the questions of meaning and purpose. Because survivors' definition of wellbeing is not outcomes based, there is no 'right answer' to the meaning and purpose for their lives. Wellbeing as a process can continue to evolve with the individual person and with the changing external conditions.

Although the ecological model emphasises the relational and social components of wellbeing, it remains distinct from the construct of social wellbeing. Keyes (1998) defined social wellbeing as a measurement of how individual perceive their social role. He offered five dimensions of social wellbeing: social coherence, social actualization, social integration, social acceptance, and social contribution (Keyes, 1998, 122-123). For survivors of slavery, these dimensions may be addressed in their wellbeing practices, but they are not static dimensions that are achieved and then no longer receive any attention. Social contribution, through finding an activist purpose and supporting other survivors, for example, is an ongoing activity that helps survivors build a life worth living. This activity needs practicing in order for survivors to experience the contribution. The key difference between the ecological model and survivors' wellbeing as a process model, is that the ecological framework still maintains a focus on wellbeing as an outcome. Outcome measures emphasize whether you "have it or not" – whether you possess social acceptance – instead of whether you desire it, pursue it, and can experience it and how internal and external factors hinder or allow this experience.

8.5 Implications

A survivor definition of wellbeing provides new perspectives for theorising about wellbeing and introduces new implications for wellbeing research, policy, and practice. Most radically, survivors have introduced wellbeing as a process that contributes to meaning making and building a purpose. Instead of asking 'what makes a person well?' anti-slavery stakeholders working with survivors are invited to ask, 'what helps a person find meaning and purpose in life?'. It is in this new question that the reigns of survivors' lives remain in their hands. Instead of a responsibility to ensure a specific score on a psychological symptom checklist, or foster the achievement of wellbeing outcomes, the role of professionals can become one of accompanying and witnessing survivors' journey to find meaning and purpose. It is in this journey that survivors have indicated a desire to manage the impact of trauma and integrate others in helping them to do so. Providing contributions to a survivor's process of wellbeing, is a shift in frame of reference from holding the responsibility for providing expert guidance and defining the path to take. This survivor-informed definition of wellbeing, in both its content and methodological origins, can pave the way for reconceptualising what freedom from slavery looks like.

8.5.1 New directions for wellbeing theory and philosophy

Several new theoretical categories about wellbeing emerged through the data analysis process. Understanding how these theoretical categories might be addressed by existing wellbeing theories would enable further development of the categories.

8.5.1.1 Continue research on the theoretical concept of "time-bound"

Survivors of slavery emphasised wellbeing as time-bound, and thus a process that exists within a human being's chronological age. This is not addressed in existing theories and conceptualisations of wellbeing. Wellbeing as 'time bound' may be an implicit in the understanding that researchers cannot measure the outcome of wellbeing for someone who is dead, or that wellbeing is measured at distinct moments and evaluated for changes over time. For survivors of slavery, the potential reason that time places a critical role in wellbeing is because slavery is an interruption to 'normal' life course development.

By 'normal', I am referring to the social norms within the culture that someone resides. 'Normal' life course development for a child in Western developing countries includes primary and secondary schooling, interaction with age group peers, at least one loving adult parent or care giver, and adequate provisions for one's basic needs. For an adult in Western developing countries, norms include employment, pursuing additional education, establishing a nuclear family outside of the parents, renting and/or purchasing and home. A person who is enslaved in childhood or adulthood, experiences a time period in which their life detours from the social norm. Both the time period and the detour from social norms has an impact on a survivor and becomes blatant after exiting enslavement. A survivor is confronted with the difference between their own expectations for a 'normal' life course and what actually happened. Because of the naturally occurring passage of time, the survivor is also confronted with the time taken up by the enslavement. The length of time in a prolonged state of trauma can also have an impact on the coping mechanisms that someone may have employed to survive during the trauma and even after it has ended (Palic et al., 2016). The longer the exploitation, the higher the probability that the survivor became hopeless, developed self-blame, created justifications for the abuse, and altered core beliefs about people and the world (Herman, 1997).

8.5.1.2 Explore the role of love in the process of wellbeing

The in-case analysis of one participant led to a unique element in the theoretical concept of relationship with others: love. From my own lived experiences and professional experiences, the importance of love seems obvious and yet it did not emerge as node or even thematic area. Since relationships are central to this definition of wellbeing, understanding the role of love within this process might shed light on whether a wellbeing practice is loving and being loved.

8.5.1.3 Study the inputs into the process of wellbeing

Each person’s reference point to wellbeing depends on their lived experiences prior to enslavement. Additional research should seek to understand the variety of experiences that survivors had prior to enslavement and how they affect the wellbeing process. There may be significant differences to someone’s process of wellbeing if they were born into enslavement rather than enslaved after some years of experience of life without enslavement. There could be differences if there was a history of enslavement in their immediate family. These pre-existing factors may contribute to an understanding about what resources need to be provided to people after enslavement to facilitate the wellbeing process.

8.5.1.4 Test and develop the epistemology of survival

Building upon standpoint epistemology, further research should refine and articulate the unique insights borne from an epistemology of survival. This epistemology sets a foundation for identifying the epistemological blind spots held by people who have lived in continuous freedom. These blind spots lead to what I begin to call the “privilege of continuous freedom.” Anti-slavery research continues to be led by people who have lived in continuous freedom. The research questions, methodologies, and analysis may continue to exhibit the biases of those who have been continuously free.

8.5.2 Alternative measurements for wellbeing

If wellbeing is a process, then its measurement tools must be different from typical outcome measurements. Process evaluations are typically utilised for accessing the implementation of intervention programs. The unit of analysis in process evaluations are distinct organisations or groups of people, whereas standard wellbeing outcome evaluations are measurements taken for one individual. Although it is beyond the scope of this thesis to develop a measurement tool, the definition of wellbeing for survivors provides some guidance for its operationalisation. Survivors' definition of wellbeing requires a process evaluation approach. Process evaluations typically assess the inputs and available resources for a process, the key stakeholders and their actions, as well as the implementation of the key functions of the process. To consider a process evaluation for one survivor's wellbeing process, we would need to assess the functioning of the process.

Some of the current measurement tools within the field of positive psychology might be useful for evaluating the functioning of wellbeing as a process. For example, to determine if the practices of managing the impact of trauma are functioning, a composite of existing measures could provide a proxy. Take for example a composite scale that measures coping, resilience, subjective levels of distress, and a self-report of activities, could potentially provide a measurement for the % of a 24-hour period that a person spent managing the impact of trauma, relative to the number of trauma effects that arose. Another potential for measurement includes comparison of someone's access to opportunities for practices of wellbeing and their uptake of the practices of wellbeing. Each of the three practice domains could also be compared against each other. Since the practices are conceptualized as gears that turn the process of wellbeing, there could be measurements of someone’s frequency of activity, establishing minimum levels of activity required to keep any one of the three gears rotating.

8.5.3 Alternative models for post-slavery interventions

Policy makers and practitioners must consider their individual and organisational capacities to contribute to survivors’ process of exploring the questions of meaning and purpose. As key social institutions in survivors’ lives, governments and NGOs can hinder or foster survivors’ processes of wellbeing. Utilizing an ecological approach to survivors’ after care (Sanchez & Pacquaio, 2018), we can understand how the implementation of policy and social service entitlements is critical to providing survivors an environment in which they can pursue purpose and meaning. In order to enable survivors’ wellbeing process, resources need to be provided to enable wellbeing practices. This includes access to education, counselling, peer support groups, and a wide range of experiences and activities. The range of experiences that were suggested by participants in this study include trips to new locations, recreational activities, opportunities to share their story with other survivors, and career building opportunities.

8.5.4 Develop survivor scholars and expand survivor scholarship

The final recommendation of this study is to proactively create opportunities for survivors to participate in and lead anti-slavery research. Survivor scholarship will ensure that survivors’ unique standpoint epistemologies are contributing to the growing body of literature in modern slavery studies. Additionally, survivors in this study specifically named formal education as a practice for sustaining their processes of wellbeing. Education creates opportunities for economic advancement, to have diverse relationships with people, and provides opportunities to develop meaning and purpose. In Chapter 9, I will provide a recommendation for criteria for survivor scholarship.

8.6 Limitations

8.6.1 Sampling methods

This study utilised theoretical sampling, where participant selection was driven by the research purpose: to develop a survivor-informed definition of survivor wellbeing. As a form of qualitative sampling, theoretical sampling does not presuppose a specific sample size (Morse, 2007). The sample size and sampling methods in this study were primarily limited by initial selection criteria, gatekeeper bias, and logistical considerations. Selection criteria required all participants to speak English without an interpreter. This biases the sample against non-English speaking survivors. All participants were also required to be over the age of 18 for safeguarding reasons and children may have different perspectives about wellbeing. The final limiting selection criteria was that all participants had to reside in the UK at the time of their interview. Survivors of slavery in the UK are not a globally representative sample of survivors. However, limiting the study to the UK meant that all participants were subject to the same national legislation and policies. Despite the selection criteria biases, this study included participants who experienced slavery during their childhood years and included my own insights from years of engaging with survivors around the world. The transferability of this thesis is still possible, if researchers and practitioners give adequate attention to the specific country contexts and age group contexts in which they are studying.

Gatekeeper bias may have also influenced the participants referred to the study, as most participants were also recruited through staff of charitable organisations and NGOS. Staff may have invited only the service users they deemed to be a fit for the study. By seeking referrals through charities and NGOs, the sample also leans toward people with some level of connection to social services. Since direct services for men are much more limited than services for women (Hestia, 2018), the recruitment pool for male survivors was diminished. The most vulnerable survivors and those struggling with post-slavery wellbeing might not have been interviewed. At noted in Chapter 4, many participants were referred through Survivor Alliance, an NGO that I personally lead. Survivor Alliance participants are self-identified survivors who may have joined due to an existing affinity to social justice work and to connecting with other survivors.

The final sampling limitations were due to the logistical constraints of a doctoral thesis. All doctoral theses must fit within a specific timeframe and that timeframe limited this particular study by imposing restraints on the data collection period. Theoretical sampling requires an iterative process of sampling, collecting data, analysing data, writing memos, re-sampling to explore emerging theoretical categories, collecting new data, re-analysing, and so on until the point of theoretical saturation. Using grounded theory methodology, each data analysis cycle requires intensive engagement with, and constant comparison of, the interview data, memos, and emergent codes. This cycle is time intensive. Time limitations of this thesis may have required data collection and analysis to end potentially before theoretical saturation occurred. Grounded theory indicates that theoretical saturation occurs when no new theoretical codes emerge with new data (Stern, 2007). Theoretical saturation can be difficult to gauge, as the next interview may always be the one that yields new theoretical information. Also, it is important to highlight that the founders of grounded theory believed that theoretical sampling is “a tool of theoretical exploration not confirmation” (Dey, 2007, 186). As a tool, it is meant to serve the researcher in ensuring that rich data informs the development of theory.

The act of defining a social construct also implies an act of generalization. By purporting to establish the key features of a social phenomenon, any researcher engaged in defining a social construct is suggesting that their definition applies to everyone. The nature of a definition is that it is universal. In Chapter 5, I discussed how generalization is not a pertinent element to qualitative research studies such as this one. It is the responsibility of each researcher who reads this thesis, to determine the trustworthiness and transferability of my findings. In addition, C-GTM is designed for researchers to use empirical data to develop broad theoretical insights. This empirical data will always be limited in theoretical sampling, as sampling methods are not designed to be representative as quantitative methods would require. The sample in this thesis, 16 survivors of slavery residing in the UK, included only 3 men, 13 women, and no other genders. It is possible that the findings from this research may apply more to women than any other genders. Additionally, only two people in the sample were British citizens at birth and this analysis may not have adequately reflected unique perspectives of British nationals. Future research should work to include the demographics of survivors that I was not able to reach within the UK and with survivors outside of the UK. Analysis of any additional data should explore whether the theoretical categories that served as the building blocks of this definition of remain the same. I also recommend that other survivors of enslavement conduct similar studies and harness their unique lived experiences to develop theoretical categories and produce a comparative analysis with the data presented here. Only then can a definition of wellbeing for survivors become informed by a wider population of survivor scholars and interviewees. As the first study of its kind, this thesis has provided a starting point for defining and theorising about survivors' wellbeing, not an end point.

8.6.2 Researcher Positionality

Conducting research in a population of which I am an insider required additional reflexivity about my positionality. Disclosure of my survivor status could have had both positive and negative effects on research participants. Positively, participants may have chosen to participate because they were aware that I, too, identify a survivor. They may also have disclosed information to me that they would not have disclosed to non-survivor researchers. Negatively, participants may have withheld information that they prefer someone inside their community not to hear. Participants may have felt unique pressures to say what they thought I wanted to hear, leading to a social desirability bias (Bergen and Lebonté, 2020). This may be especially true if they identified me as someone in their community whom they did not want to disappoint. Although my methods included efforts to limit social desirability, such as reminding participants that their membership in Survivor Alliance will not change, and there will be no consequences for anything they say, these efforts may not have been sufficient. Participants who considered me more as an outsider than an insider may not have shared their full responses to this study. Depending on their previous experiences with research, interviews, or perceived authority, participants may not have felt safe to disclose thoughts or reflections they perceived to be ‘challenging’ or ‘wrong.’

My positionality as an American-born woman with Vietnamese heritage should also be mentioned. As an American, and a survivor of slavery in the United States, I was able to have some distance from the lived experiences of my participants. Although I was an insider in the broader survivor of slavery community, I was not an insider to the experiences of enslavement within UK borders, and the experiences of life in the UK after enslavement. While my capacity to empathise is high, one participant specifically asked me after an interview if I had to deal with being undocumented in the United States. When I responded to say that I had not, her response was one of disappointment. Non-verbally, her face expressed a pensiveness, as she paused before verbally attempting to reassure me (and maybe herself) that I could still empathise with her experience. This type of interaction is unique because of my dual stance as an insider and an outsider to my research population.

As a person of colour, and as a cis-gendered woman, I was probably received differently than a white researcher or a male researcher. As most of the participants were from Africa (11/16) and most were woman (13/16), there may have been an assumption of shared experiences based on gender and being ethnic minorities. Men or white-British nationals may not have felt an affinity or openness to speaking with me, whether due to my gender, nationality, or ethnicity. However, my identity as heterosexual and middle class, may have been off-putting to the LGBT community, and anyone who perceived that I would not be sensitive to situations of poverty or low-income.

My status as a survivor of slavery also limited the length of time allowed for data collection. I required additional support from my supervisory team and external supports, in order to maintain my own health during the process of this study. Additionally, radical reflexivity (as described in Chapter 5) is an emotionally intense and time intensive process. To ensure the trustworthiness of my data analysis, special care was required to safeguard my data from undue influence from my own lived experiences and the amalgamation of survivors' experiences that I carry with me from my professional and personal life. This was a particularly nuanced process, with little methodological guidance in existing literature. Grounded theory also calls for a researcher's intuitive and creative abilities, embracing the role of the researcher in abstracting theory from descriptive data (Strauss and Corbin, 1994). Recognising that researchers cannot completely bracket their own lived experiences from the research process, grounded theory researchers maintain that their results are grounded in real subjectivities while ”the analyst is also a crucially significant interactant” (Strauss and Corbin, 1994, 279).

My standpoint epistemology and explicit agenda, although utilized as a strength for this, may also be a limitation of this study. Standpoint epistemology has been critiqued for essentializing a category of people into a homogenous group, when in fact the population is very diverse (Crenshaw, 1989; Paradies, 2018). Although this thesis asserts a definition of wellbeing that might be applicable to a wide range of survivors of slavery, it has not sufficiently accounted for the ways in which the survivor of slavery group is in fact very diverse. Future research will benefit from analysing and comparing data from unique subsections of the data. For example, do people who survived enslavement in the agriculture sector define wellbeing differently from people who survived enslavement in the commercial sex industry?

8.7 Chapter Summary

This chapter situates the survivor-informed definition of survivors' wellbeing, in the context of wider wellbeing literature. This chapter highlighted the differences between this process-based definition of wellbeing and the canonical outcomes-based definitions of wellbeing. *Wellbeing for survivors of slavery is a relational process that enables and sustain practices for answering existential questions about meaning and purpose.* With this new framework of wellbeing as a relational process, I introduced the function of the process as answering existential questions of meaning and purpose. This function is central to survivors' wellbeing process, as it is the process that allows survivors to self-determine why be alive and what to live for. In this chapter, I also articulate the activities involved the wellbeing process. *The activities and behaviours are wellbeing practices, used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.* These practices become the focus of the wellbeing process as they enable survivors to engage and sustain engagement with the existential questions. The implication for interventions is to provide resources and environment conditions that enable the practices to occur. Each individual utilises their own set of practices, and many of the practices work for managing the impact of trauma *and* building a life worth living. The process-based definition of wellbeing encourages interventions to provide diverse ingredients and environments that foster wellbeing processes, whereas the outcomes-based approach seeks to provide a recipe, specific ingredients, and instructions that will result in a state of wellbeing.

This chapter also underscores the practices of managing the impact of trauma as a new component of wellbeing. Typically, wellbeing (as an outcome) is conceptualised on the opposite continuum of illness and symptom management. For survivors of slavery, wellbeing includes practices that manages trauma symptoms in addition to practices that address other effects of trauma. Wellbeing for survivors is not at the opposite end of an illness to health continuum, because it is not an outcome. Wellbeing is the process that allows survivors to deal with illness or other effects of trauma, *and* address the question of interest in wellbeing research of what makes a good life? However, survivors are not taking a good life for granted – they are asking, why be alive? And what should I life for? Living for a self-defined good life is part of their response, but survivors are also responding with the need to continuously explore what the good life means to them. This exploration is the process of wellbeing

The chapter concludes with implications for research and practice and reviews the limitations of this study. In the next chapter, I will explore one of the implications that I recommended in more depth: Develop survivor scholars and expand survivor scholarship.

Chapter 9: Survivor Scholarship

There are currently no criteria for the classification of survivor scholarship in the study of slavery. In fields of social welfare, public health, medical and mental health, there are forms of scholarship that seek to involve the population being studied in the process of research. These include peer-research (Lushey & Munro, 2015), community-based participatory research (Minkler & Wallerstein, 2008) and most recently, Mad Studies. Mad Studies is a field of scholarship that is led by, “the PEOPLE [sic] who identify as: Mad; psychiatric survivors; consumers; service users; mentally ill; patients, neuro-diverse; inmates; disabled - to name a few of the ‘identity labels’ our community may choose to use” (Costa, 2014,1). To varying degrees, each of these forms of scholarship require meaningful and significant involvement of people from the intended study population.

Meaningful and significant involvement goes beyond tokenistic representation. In Mad Studies, people who identify with a population are leading the research studies within their own communities. They are not responding to requests from external researchers. They are sourcing the research questions, methods, and data internally from their community. Common across each of these approaches to scholarship is an emancipatory aim, one that seeks to shift the power dynamics inherent in knowledge production led by universities. Minkler & Wallerstein (2008) emphasize that: “Issues of participation, knowledge creation, power, and praxis are not abstract phenomena but rather authentic tensions that are enacted both in academia and in community settings” (39). Community-based participatory research (CBPR) proactively embraces these tensions and addresses them through the process and content of its research.

9.1 Lack of survivor scholars

The authors of slavery and anti-slavery scholarship are primarily people who have never experienced enslavement directly. Survivors of slavery are rarely, if ever, the authors of peer-reviewed academic literature. Most literature produced by survivors of slavery are personal narratives (e.g. Douglass, 1995; Nazer & Lewis, 2007; Smith, 2014), transcribed oral histories (e.g. Library of Congress, n.d.), and articles or reports through public media (e.g. McKenzie, 2012; Lytton, 2013; HAART Kenya, n.d). These primary sources are then used in academic texts through careful study and examination by non-survivor researchers, particularly in the arts and humanities (e.g. Bales & Trodd, 2008; Murray, 2018; Murphy, 2019;). Many scholars in academia have not even noticed the nearly complete absence of survivor scholars. The idea that there could be the presence or absence of survivor scholars does not seem to enter their minds. Consider the human appendix; we are not born with a cognitive awareness of its existence, and we do not become aware of it until we are made aware. It is of no concern to us unless it malfunctions or causes a disturbance. The absence of survivor scholars in academia may go unnoticed because it has not yet become a disturbance within existing academic fields.

There are few self-identified survivors of slavery who are also scholars of slavery. Here, I am defining a scholar of slavery as someone who has an accredited Ph.D. and who has authored peer-reviewed research on a topic related to slavery. At the time of this writing, there are two publicly identified survivors of human trafficking with peer-reviewed publications (Countryman-Roswrum & DiLollo, 2016; Rosenblatt, 2014) and less than a dozen emerging survivor scholars who are pursuing doctorates in topics related to slavery.[2] It is difficult to determine an accurate number of survivor scholars of slavery, because it is not common practice for scholars to disclose whether or not they have lived through previous enslavement for a number of reasons.

Survivor scholarship faces an inherent challenge. The existence of survivor-scholarship requires that either existing scholars self-disclose their identities as survivors, or that future survivor scholars entering the field of slavery studies self-disclose. If individuals do not self-

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[2] The emerging scholars have not publicly identified as survivor-scholars. Although the author has collegial relationships with the emerging scholars referenced, their name will remain anonymous to respect their privacy.

disclose, how can we determine if survivor scholars exist? Self-disclosure becomes a political act, because it not possible to discern whether the author of a research study is a survivor of slavery merely from their name or institution. With the default assumption being that scholars are not survivors, the burden of disclosure falls to survivors. Survivor scholarship does not require that survivors of slavery self-disclose but suggests that there are benefits that survivors' disclosure brings to the larger field of slavery studies. Each individual scholar must determine if there are personal benefits to self-disclosure and weigh these against the inevitable costs. One of the primary costs is to potential legitimacy. Survivor scholars of slavery will need to prepare for harsh methodological scrutiny and demonstrate that they are capable of subjecting their identities to rigorous social scientific methods.

Self-disclosure about a scholar's status as a survivor of slavery or as a non-survivor of slavery may seem irrelevant for the pursuit of research but that is not the case. Lack of disclosure leads to an incomplete assessment of potential researcher bias. Feminist scholars are among the most prominent to have argued that social identities play a role in influencing research agendas and findings (e.g. Harding, 1992; Collins, 1986). They raised concerns that research pursued by men was biased in ways that were invisible to most and that excluded unique insights from women (Code, 1993). The default position of a researcher was a male perspective, and this perspective remained unchallenged. Similarly, the default position of a slavery scholar is that the author is a *not* survivor of slavery, and this remains unchallenged. It is important to challenge this default position, as there may be invisible and deeply engrained theoretical assumptions embedded within this position. In order to assess the validity of conclusions made on these theoretical assumptions, we must be able to examine the assumptions themselves. If these assumptions are invisible and tacitly accepted, critical examination cannot take place. Consequently, the premises upon which research findings rest often escape analytical scrutiny.

The lack of analytical scrutiny of the theoretical assumptions of non-survivor scholars of slavery is problematic for two key reasons. The first problem concerns the quality of knowledge production on slavery; the second problem concerns the application of knowledge. The quality of knowledge production on slavery suffers from the absence of the theoretical assumptions of survivors of slavery. Without assessing the theoretical foundations of any argument, we cannot assess its logical framework and address any weaknesses in the theory. Nor can we compare it to alternative frameworks to enhance the strength of the theory. Without survivor-informed research, the logical framework of slavery scholarship remains uncontested by a key perspective and key stakeholders in slavery scholarship. As argued earlier, survivors of slavery carry an *epistemology of survival*, which includes different theoretical assumptions to people who have not been through slavery. These assumptions raise questions of existing research and may challenge the quality, if not validity, of existing findings. Survivor-informed theoretical assumptions reveal a blind spot in existing theoretical assumptions – a blind spot that can only be revealed by survivors of slavery. Raising awareness of this blind spot in modern slavery scholarship can lead to retrospectively assessing studies to disconfirm or reaffirm findings. Applying a new theoretical framework to future research may also lead to new research directions and insights about slavery, enhancing the overall quality of slavery scholarship.

9.2 Criteria for survivor scholarship

This thesis puts forth two criteria for *survivor scholarship.* Survivor scholarship is (1) led by survivors of slavery (2) embraces emancipatory objectives. Scholarship that is survivor-led means that the primary investigator is someone with lived experience of surviving enslavement. Research may be heavily survivor-informed, where many people with lived experience participate in research design, data collection, and analysis. However, it will not be deemed survivor-led unless the principal investigator is a survivor of slavery. Scholarship that embraces emancipatory objectives is scholarship that produces “knowledge for the sake of decolonizing, healing, transforming, and mobilizing" (Minkler & Wallerstein, 2008). Following in the footsteps of Paulo Freire (1970) and indigenous researchers (Smith, 1999), I suggest that survivor scholarship utilizes the knowledge and inherent understandings of people with lived experiences of slavery, to produce additional knowledge that can be used towards social change.

Survivor scholarship also emancipatory by addressing the problem of knowledge application. One of the key theoretical assumptions of survivors of slavery in the *epistemology of survival* is that knowledge is produced for a functional benefit, primarily survival. Knowledge is not produced merely to understand a situation, but to provide information or tools to improve daily life. Currently, the theoretical assumptions of non-survivor scholars do not take this functional benefit as a core component of knowledge production. For survivors of slavery, if knowledge is produced without application as one of its objectives, it may not be relevant. Current slavery scholarship, particularly scholarship on survivor aftercare and rehabilitation interventions, is minimally evaluated for effectiveness. In Cannon, et.al. (2018), "[o]nly three articles in [their] systematic review were identified as program reviews or evaluations"(168). Their systematic review focused on human trafficking and health studies. If health interventions for human trafficking survivors are not evaluated for their effectiveness, there are no evidence-based means by which to determine promising practices.

Decision making for the allocation of public monies is consequently driven by factors other than demonstrable success of an intervention. Funding for survivor after-care may not be going to what works, because we have not determined or measured what works. This means that the options for survivors after exiting slavery are to enter interventions that are unexamined, to avoid them and pursue self-led solutions, or a combination of both. All of these options are potentially dangerous and ill-fated, as most survivors of slavery typically do not exit slavery with an abundance of resources and connections.

The emancipatory objectives of survivor scholarship can play a key role in meeting evidence gaps and ensuring that knowledge produced about survivors of slavery emphasizes its utility. Because survivors are key stakeholders in slavery scholarship, especially scholarship that seeks an end to slavery and to empower those formerly enslaved, it is important that survivors are also key producers of knowledge on slavery. For the purpose of this thesis, *survivor scholarship* will contribute to knowledge regarding intervention research. Survivor-informed success measures are relevant, as survivors' measures of success may be different from practitioners' measures of success, and as stated, practitioners carry different assumptions from people who have not been enslaved. Survivors will also be keenly aware of potential barriers to success. Their insights will be useful to ensure that knowledge produced about success measures will take its application into account.

Through infusing the insights of survivors into knowledge production, survivor scholarship will inevitably provide some analytical scrutiny of the theoretical assumptions of non-survivor scholars. This has the potential to create additional factors of analysis for evaluating scholarship – survivor-led and survivor-informed. The field of slavery studies can begin to assess whether survivor involvement in knowledge production influences effectiveness of the knowledge produced.

9.3 *Wellbeing in our own words* is survivor scholarship

Wellbeing in our own words meets both criteria for survivor scholarship. This thesis is survivor-led because it utilizes the author's unique identities as a survivor of slavery *and* a scholar of slavery. Through proactively engaging in knowledge production as a lived-experience researcher, it is my intention to introduce new theoretical assumptions to the field of slavery studies. *Wellbeing in our own words* meets the second criteria for survivor scholarship because it has emancipatory aims embedded into its question: how do survivors of slavery define wellbeing? This question was driven by survivors' immediate concerns for their health. By pursuing a question directly sourced from a community of survivors of slavery, the question shifts the dynamics of power in knowledge production. The starting point for knowledge inquiry is survivors’ concerns.

The origin of the question was a network of survivors of slavery in the United States, known as the National Survivor Network (NSN). It is important for me to disclose that I was one of the network’s early, active, and trusted members. My membership allowed me to discuss my own interests and observe trends in the interests of others. Members were interested in developing a network in order to support each other in day-to-day living, as well as to create positive change in our own lives and the lives of our fellow survivors. Many of us were already engaged in political activism, primarily in raising awareness about the conditions of people who were trafficked and enslaved. One of the most important and consistent concerns was about members’ wellbeing, both as survivors of trauma, but also as survivor-activists facing unique battles as people with lived experience working in a field dominated by people without lived experience of slavery. Deciding to use my privilege as one of the few survivor leaders with university education, I pursued a deeper dive into the question of survivors’ wellbeing. With the consent of the NSN, and a number of focus groups, I resolved to understand: how do we, survivors of human trafficking and/or slavery, define wellbeing? To us, it was clear that non-governmental organizations (NGOs), politicians, and academics were not talking or thinking about our wellbeing. As I demonstrated in Chapter 2, our lived experience was accurate - academics are not talking about wellbeing for survivors of slavery. Instead, academics are primarily talking about illness, psychological trauma, and the challenges or deficits survivors face.

Wellbeing in our own words is also emancipatory through production of knowledge that aims to improve the lives of survivors. Not only is the question sourced from survivors’ lived experiences, the outcome of the inquiry is to be used to improve survivors’ immediate lives. The findings and results can be used by survivors to serve a broad political agenda of survivors of slavery. From my lived experiences in a broad community of survivors, as well as the Director of an NGO with nearly 300 survivors of slavery around the world as members, I can state anecdotally that survivors of slavery are concerned with post-enslavement care, also called after-care. Survivors are concerned with how to sustain our lives after we exit slavery, and this agenda is lacking in the field of modern slavery studies and in anti-trafficking service provision. The field of modern slavery studies remains focused on *ending slavery*, which serves people who are currently enslaved. By introducing the topic of wellbeing into modern slavery studies, and providing a theoretical foundation for survivors' wellbeing, I can also ensure that the voices of survivors motivate at least one strand of research. Research to support the abolition of slavery practices tends to pay minimal attention to life for survivors *after* slavery. Survivors of slavery are duly concerned with ending slavery for their peers, but they are equally concerned with ensuring that their own freedom from slavery is sustained.

Wellbeing in our own words is a doctoral thesis that is not only aware of the dearth of survivor scholarship but is concerned that this scarcity diminishes the quality of the existing scholarship on slavery. *Wellbeing in our own words* seeks to be a disturbance, raising warning signs to the field of modern slavery studies, and to provide one example for improvement. By suggesting that part of the status quo in the anti-slavery field is problematic, this thesis hopes to cause a disturbance to traditional ways of thinking, seeing, researching, and knowing about slavery. It suggests a paradigmatic shift, one that places the perspective of survivors of slavery at the centre of scholarship.

This thesis provides one example of *survivor scholarship* for future evaluation. Because I have provided transparency of the assumptions that I bring to the research, I can embrace these assumptions, and engage in researcher reflexivity. In Chapter 5, I provide additional details about my positionality and how it might have had an effect on this project. My hope is that other researchers, survivors and non-survivors, will have ample information upon which to dissect and critique my contributions to survivor scholarship. By no means do I suggest that this thesis is an exemplar of survivor scholarship; I merely assert that it is one example of survivor scholarship.

In the next chapter, I will conclude this thesis with a summary of this thesis study and the key contributions it provides to anti-slavery and wellbeing literature.

Chapter 10: Conclusion

The current field of wellbeing in academia describes itself as part of the intellectual pursuit to answer the centuries-old philosophical question: “what makes the good life?” (e.g. Ryff & Keyes, 1995; Diener, 2000). Rarely do we follow the question with: To whom? By whose measure? Under what conditions? And for what purpose? The current anti-slavery field in academia seeks to provide information to assist practitioners and policy makers to end the practices of slavery and support survivors through post-slavery aftercare. This thesis integrates these two previously isolated bodies of literature and establishes the beginning of a new area of research: the study of the wellbeing for survivors of slavery. By bringing the two fields together, *Wellbeing in our own words* introduces a shift in anti-slavery literature – a shift away from illness-based conversations of survivors, toward conversations of survivors’ self-defined wellbeing. This study also introduces a shift into wellbeing literature – a shift away from an outcomes-oriented approach to a process-based approach.

Over the course of the last nine chapters, I have described the U.K. modern slavery context during the time period of my doctoral studies, highlighting dynamic political background and changes that occurred in the social service landscape (Chapter 1). I provided evidence of the gap in anti-slavery literature regarding the wellbeing of survivors and situated this gap within wellbeing literature (Chapter 2). Setting the stage for my unique contributions, I articulated the *epistemology of survival*, establishing a different framework from which non-survivors could approach this thesis (Chapter 3). The bulk of this is thesis comprised of my detailed research methodology (Chapter 4), in-depth researcher reflexivity, (Chapter 5), and the findings from the qualitative data I collected and analysed (Chapters 6). From the grounded theoretical categories I developed from survivors’ lived experiences, I asserted a survivor-informed definition of wellbeing (Chapter 7). I followed this assertion with a discussion about how this definition of wellbeing is situated in current wellbeing literature, offered limitations of the study, and recommended next steps for policy and practice. One of the primary recommendations was discussed in greater detail (Chapter 9), and I articulated criteria for Survivor Scholarship, which will enable survivors to enter academia, assess my epistemology of survival, and interrogate my work.

As I close this piece of work, there are a few key contributions that I want to highlight. The first, is the survivor-informed definition of wellbeing for survivors of slavery. *Wellbeing for survivors of slavery is a relational process that enables and sustains practices for answering existential questions about meaning and purpose. The practices are activities and behaviours used to manage the impact of trauma, build a life worth living, and learn about freedom from slavery.* By developing a survivor-informed definition of wellbeing, this study sets the foundation of a new subfield by establishing a new norm in anti-slavery research – to start all research projects with and from the lived experiences of survivors. This new norm is not only a political statement, but a commitment to epistemological diversity. Research projects that start from the lived experiences of survivors provide recognition for the unique epistemological claims that survivors can offer. These claims are traditionally excluded from anti-slavery literature and proactive efforts must be taken to include them.

Only a handful of survivors of slavery have pursued or are pursuing, doctorates, co-authored peer reviewed papers, and remain engaged in anti-slavery knowledge production (e.g. Rosenblatt, 2014; Countryman-Roswrum & DiLollo, 2016). Survivor scholars remain the minority in anti-slavery research and this thesis calls explicitly for the expansion of survivor scholarship. It is because of the dearth of survivor scholarship that this thesis also speaks to a second void in the literature. In addition to its empirical contributions, two distinct contributions of this thesis are the articulation of an *epistemology of survival* and *radical reflexivity*. Detailed in Chapter 3, the *epistemology of survival* elevates the unique contributions of survivors, providing a language for survivors and non-survivors to conceptualise the standpoint of survivors. In Chapter 5, I introduced additional and unique methods to ensure that survivor scholars can remain attuned to their social positionalities in anti-slavery research. These methodological contributions pave the way for survivors of slavery to establish our own intellectual anti-slavery projects and problematize existing research.

The final contribution of this thesis is to the politics of knowledge production. *Wellbeing in our own words* presents an exciting opportunity to change the discursive foundations of a field. Demonstrated widely by feminist researchers (e.g. Harding, 1993; Collins, 1986; Hekman, 1997) and post-colonial researchers (e.g. Said, 1979; Roy, 2013), traditional academic canons are often challenged by marginalised perspectives *after* the canon has achieved foundational status. This thesis seeks to set the foundation as one that is rooted in marginalised perspectives. It is safe to assume that wellbeing researchers and anti-slavery researchers, by the very fact of being researchers, are people who face relatively comfortable material conditions. They have attained a social position where their chief employment and labour resides in an established institution of society, one that provides adequate income for their material needs such that they are in position to research “what makes the good life?” and “how do we end slavery?”. From the social constructivist’s perspective, the social position of the researcher must be highlighted because it influences their epistemology. Unless this epistemology is interrogated consciously and proactively by the researcher, it can bias the research process and conclusions unbeknownst to the researcher. This study highlights anti-slavery and wellbeing research are biased toward the perspective of people who have lived in continuous freedom. The epistemological blind spots are pervasive, because social institutions have made it challenging for previously enslaved people to pursue research careers in any field. As Pelka (2012) describes, the social conditions that allow slavery and other social justices to flourish are the same conditions that limit survivors’ ability to climb the socioeconomic ladder. Without a concerted effort to include the epistemologies and insights of survivors of slavery, any exploration of the wellbeing of survivors of slavery is limited to the standpoint of the continuously free.

Social justice is about communities advocating and seeking concrete changes in their lived realities to address disadvantage and social inequities. Currently, survivors are still convincing non-survivors of the realities of these inequities and creating language to translate our own realities into vocabulary that non-survivors can grasp. If non-survivors do not share the same reality as survivors that a social inequity exists, there can be no collaborative effort for change. This definition was pursued, in part, to enable survivors of slavery to advocate for our own needs, and to communicate our epistemological differences from existing knowledge. I invite non-survivors and survivors to continue to reach across the gulf of lived experiences. This will entail both parties to engage in challenging intellectual, emotional, and interpersonal labour. Without this, we cannot create a bridge over the chasm that is created by differences in lived experiences. Survivors will continue to feel alienated and our experiences of trauma unwitnessed. Non-survivor practitioners will continue to dominate the anti-slavery field and survivors will be able to contribute to empowering our own communities through knowledge production. The extreme power imbalances will remain between service provider and service user, researcher and the researched, policy makers and constituents, non-survivor and survivor.

Although this definition of wellbeing is specifically sourced from the lived experiences of survivors of slavery, I hope that it will ignite additional research on wellbeing from the lived experiences of other marginalized communities. Specifically, I urge fellow survivors to replicate my study and I invite dialogue regarding the theoretical categories and interpretations that I have synthesised. I also hope that this definition enables social justice actions in the real world among survivors and our allies. I hope that additional comparisons of wellbeing definitions will occur, and greater insights will emerge about the impact of trauma on wellbeing. Because the atrocities of slavery explicitly co-opt survivors' ownership over meaning and purpose, attending to survivors' post-slavery ownership over our meaning and purpose is very important. This thesis argues that the process of addressing questions of meaning and purpose *is* the process of wellbeing. *Wellbeing in our own words* is not a static proclamation. It is hopefully the beginning of a field that is overtaken by the ownership and authorship of many survivor scholars. Survivors are well poised to become academics because we have had to fight for what we know, and we have had to take leaps of faith – to believe in what we don't have evidence for – our goodness, the possibility of surviving, and the possibility of a life worth living.

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Chapter 1

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Chapter 2

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Appendices

Appendix A

Wellbeing for Survivors of Modern Slavery
Rapid Lit Review - Data Extraction Form

General Info

Confirm Eligibility

1. **Title of publication**	
2. **Date form completed** *(dd/mm/yyyy)*	
3. **Name of person extracting data**	

Study Characteristics	**Review Inclusion Criteria**	**Yes/ No / Unclear**	**Location in text** *(pg & ¶/fig/table)*
4. **Type of study**	Peer-reviewed?		
	Published between 2000 and present?		
5. **Participants**	Victims/survivors of modern slavery?		
	If participants are subset, can data be extracted?		
6. **Types of outcome measures**	Wellbeing or wellbeing related issues		
7. **Decision:**			
8. **Reason for exclusion**			
9. **Notes:**			

DO NOT PROCEED IF STUDY EXCLUDED FROM REVIEW

Population

	Description	**Location in text** *(pg & ¶/fig/table)*
10. **Population description**		
11. **Setting** *(country, location and social context)*		
12. **Notes:**		

Methods – Part 1

	Descriptions as stated in report/paper
13. **Aim of study**	
14. **Design**	
15. **Survivor perspective Included?**	___ Yes ___No Details:

Methods – Part 2

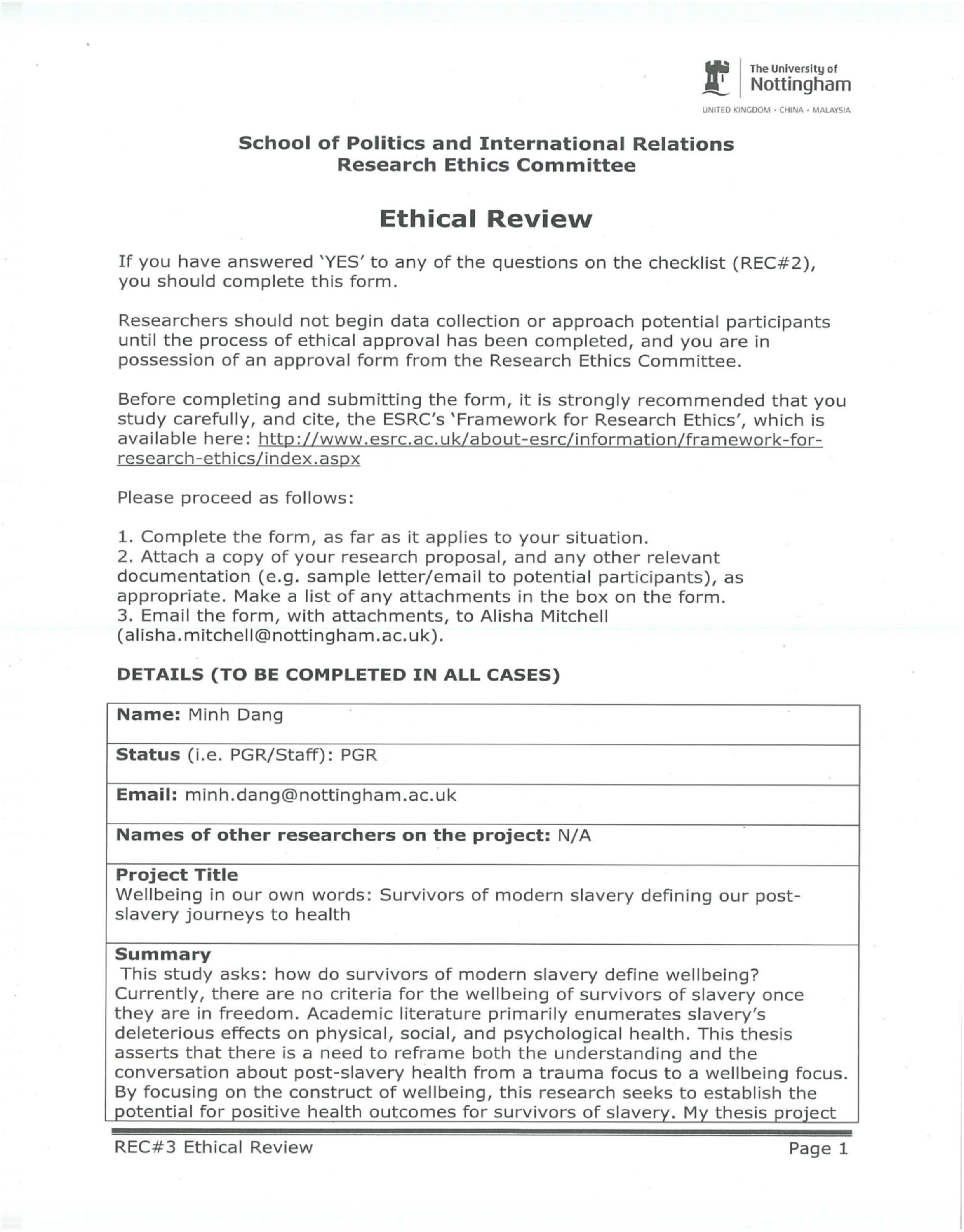
Name of Outcome Concept	Measure?	Name of Measurement Tool	Tool Matches Concept?
	__ Y __ N		__ Y __ N
	__ Y __ N		__ Y __ N
	__ Y __ N		__ Y __ N

Participants

	Description as stated in report/paper	**Location in text** (pg & ¶/fig/table)
16. **Total no.**		
17. **Age**		
18. **Sex or Gender**		
19. **Race/Ethnicity**		
20. **Type(s) of Modern Slavery**		
21. **National Origin**		
22. **Notes:**		

Adapted from: Effective Practice and Organisation of Care (EPOC). Data collection form. EPOC Resources for review authors. Oslo: Norwegian Knowledge Centre for the Health Services; 2013. Available at: http://epoc.cochrane.org/epoc-specific-resources-review-authors

Appendix B



The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

School of Politics and International Relations
Research Ethics Committee

Ethical Review

If you have answered 'YES' to any of the questions on the checklist (REC#2), you should complete this form.

Researchers should not begin data collection or approach potential participants until the process of ethical approval has been completed, and you are in possession of an approval form from the Research Ethics Committee.

Before completing and submitting the form, it is strongly recommended that you study carefully, and cite, the ESRC's 'Framework for Research Ethics', which is available here: http://www.esrc.ac.uk/about-esrc/information/framework-for-research-ethics/index.aspx

Please proceed as follows:

1. Complete the form, as far as it applies to your situation.
2. Attach a copy of your research proposal, and any other relevant documentation (e.g. sample letter/email to potential participants), as appropriate. Make a list of any attachments in the box on the form.
3. Email the form, with attachments, to Alisha Mitchell (alisha.mitchell@nottingham.ac.uk).

DETAILS (TO BE COMPLETED IN ALL CASES)

Name: Minh Dang

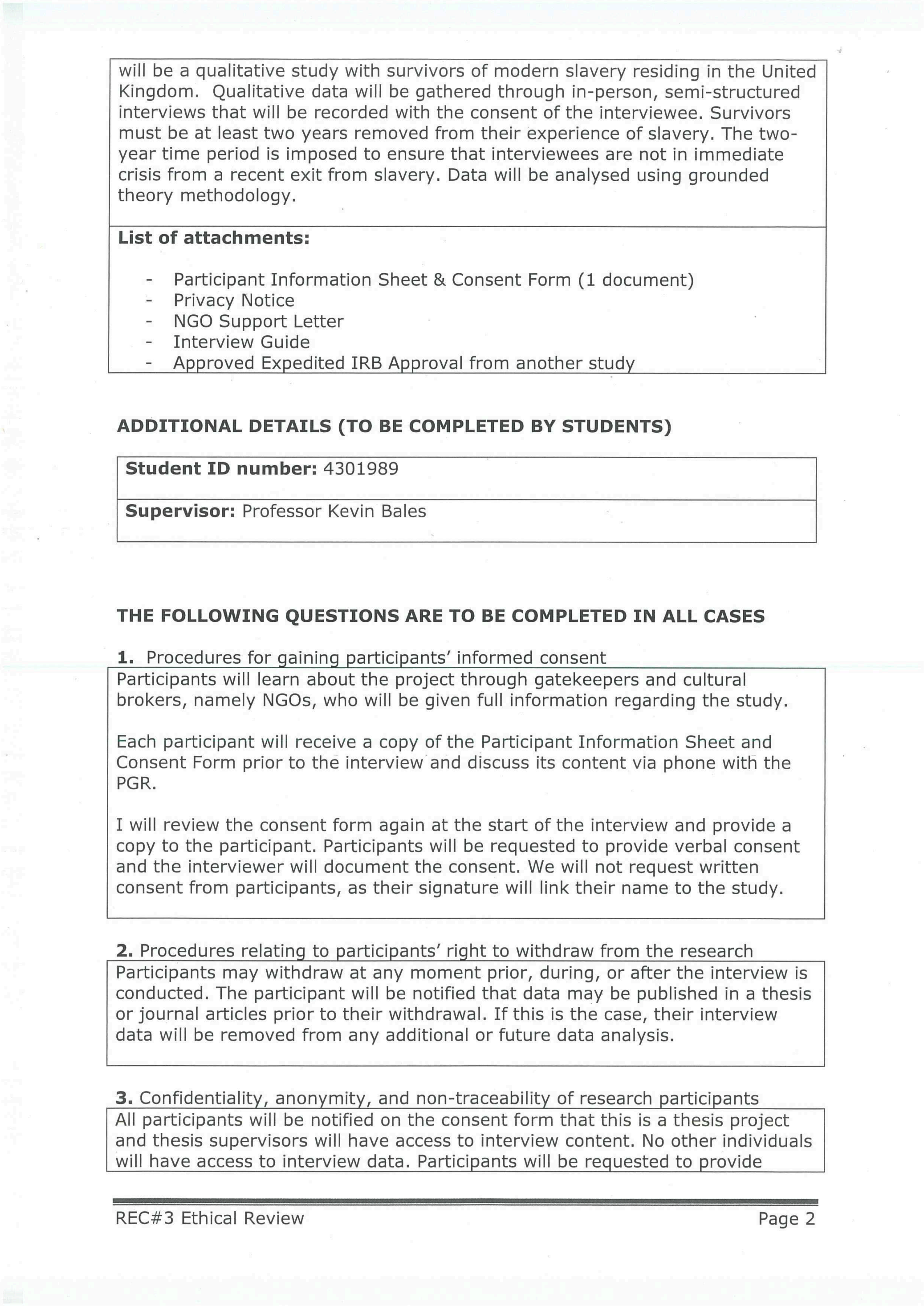
Status (i.e. PGR/Staff): PGR

Email: minh.dang@nottingham.ac.uk

Names of other researchers on the project: N/A

Project Title
Wellbeing in our own words: Survivors of modern slavery defining our post-slavery journeys to health

Summary
This study asks: how do survivors of modern slavery define wellbeing? Currently, there are no criteria for the wellbeing of survivors of slavery once they are in freedom. Academic literature primarily enumerates slavery's deleterious effects on physical, social, and psychological health. This thesis asserts that there is a need to reframe both the understanding and the conversation about post-slavery health from a trauma focus to a wellbeing focus. By focusing on the construct of wellbeing, this research seeks to establish the potential for positive health outcomes for survivors of slavery. My thesis project



will be a qualitative study with survivors of modern slavery residing in the United Kingdom. Qualitative data will be gathered through in-person, semi-structured interviews that will be recorded with the consent of the interviewee. Survivors must be at least two years removed from their experience of slavery. The two-year time period is imposed to ensure that interviewees are not in immediate crisis from a recent exit from slavery. Data will be analysed using grounded theory methodology.

List of attachments:

- Participant Information Sheet & Consent Form (1 document)
- Privacy Notice
- NGO Support Letter
- Interview Guide
- Approved Expedited IRB Approval from another study

ADDITIONAL DETAILS (TO BE COMPLETED BY STUDENTS)

Student ID number: 4301989

Supervisor: Professor Kevin Bales

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED IN ALL CASES

1. Procedures for gaining participants' informed consent

Participants will learn about the project through gatekeepers and cultural brokers, namely NGOs, who will be given full information regarding the study.

Each participant will receive a copy of the Participant Information Sheet and Consent Form prior to the interview and discuss its content via phone with the PGR.

I will review the consent form again at the start of the interview and provide a copy to the participant. Participants will be requested to provide verbal consent and the interviewer will document the consent. We will not request written consent from participants, as their signature will link their name to the study.

2. Procedures relating to participants' right to withdraw from the research

Participants may withdraw at any moment prior, during, or after the interview is conducted. The participant will be notified that data may be published in a thesis or journal articles prior to their withdrawal. If this is the case, their interview data will be removed from any additional or future data analysis.

3. Confidentiality, anonymity, and non-traceability of research participants

All participants will be notified on the consent form that this is a thesis project and thesis supervisors will have access to interview content. No other individuals will have access to interview data. Participants will be requested to provide verbal consent and I will document the consent. We will not request written consent from participants, as their signature will link their name to the study.

Each participant will be assigned a pseudonym. Digital files and transcripts will be labelled with only the person's pseudonym.

Documents linking participant names with their pseudonym will be stored separately from interview data. Transcription of interviews will immediately use a pseudonym and remove any other identifiable information. Names, phone numbers, and emails of participants will be stored on a University's secure server. Participants' phone numbers will not be stored on personal mobile devices.

4. Data storage (to ensure compliance with the Data Protection Act, 1998), and participants' right of access to any personal data stored in relation to them

The participant interviews will be recorded on a password protected personal mobile device and uploaded to an encrypted portable hard drive within 24 hours. Files will be deleted from the mobile device as soon as they are uploaded.

Data will then be transferred from the hard drive to the University of Nottingham's secure drive within 72 hours of the interview.

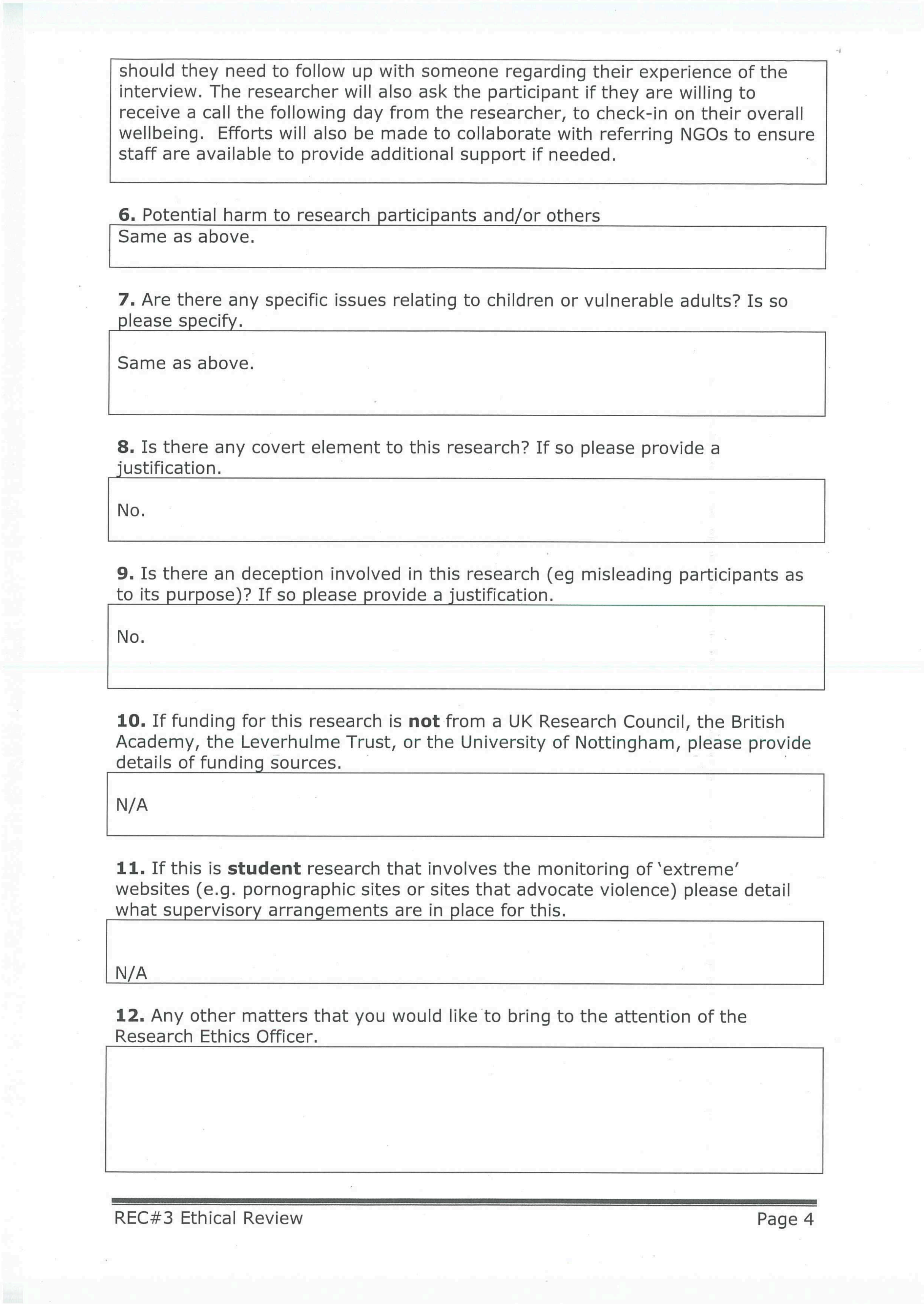
Participants may request access to interview recordings and transcript of their interview at any time. Data will be distributed to the participant via encrypted flash drive.

5. What are the anticipated risks associated with this research? How will this be minimised or dealt with?

My participants are all adults over age 18, with at least two years distance from their experiences of modern slavery and the capacity to consent. I am a trained social worker, with a Masters in Social Welfare, and skilled in identifying distress and strong emotional reactions. I have worked with modern slavery survivors for 10 years. In addition, network of survivors of slavery in the United States have indicated that this body of research is needed and have expressed interest in participating in a study of this nature. Although my thesis focuses on the U.K., a similar level of reception by survivors of slavery in the U.K. is anticipated.

There are no anticipated risks for this project except for potential emotional discomfort when discussing sensitive material. While the focus of the interview is not on the details of their slavery experience, they may experience distress by nature of thinking about their identity as a survivor and thinking about how they have dealt with the life consequences caused by enslavement. Survivors of slavery live with on-going trauma symptoms that may become acute or heightened by any number of environmental or interpersonal interactions. Participating in the research process may be one of those interactions.

They will be reminded that they can refuse to answer any questions or take a break at any time during the interview. Additional measures to prepare them for the interview include providing a copy of the interview guide and consent form ahead of time. Participants will also be given a list of resources for support,



should they need to follow up with someone regarding their experience of the interview. The researcher will also ask the participant if they are willing to receive a call the following day from the researcher, to check-in on their overall wellbeing. Efforts will also be made to collaborate with referring NGOs to ensure staff are available to provide additional support if needed.

6. Potential harm to research participants and/or others

Same as above.

7. Are there any specific issues relating to children or vulnerable adults? Is so please specify.

Same as above.

8. Is there any covert element to this research? If so please provide a justification.

No.

9. Is there an deception involved in this research (eg misleading participants as to its purpose)? If so please provide a justification.

No.

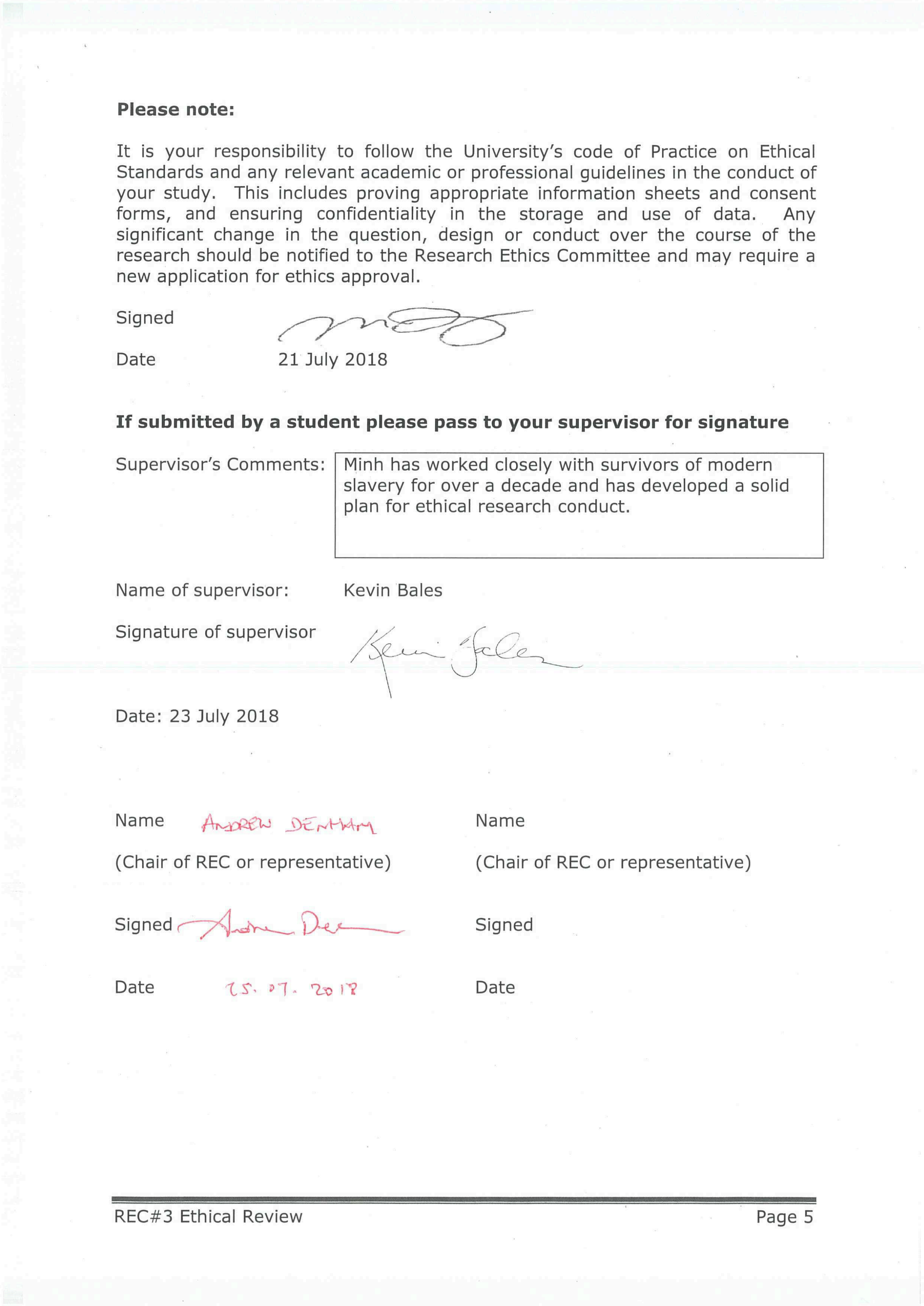
10. If funding for this research is **not** from a UK Research Council, the British Academy, the Leverhulme Trust, or the University of Nottingham, please provide details of funding sources.

N/A

11. If this is **student** research that involves the monitoring of 'extreme' websites (e.g. pornographic sites or sites that advocate violence) please detail what supervisory arrangements are in place for this.

N/A

12. Any other matters that you would like to bring to the attention of the Research Ethics Officer.



Please note:

It is your responsibility to follow the University's code of Practice on Ethical Standards and any relevant academic or professional guidelines in the conduct of your study. This includes proving appropriate information sheets and consent forms, and ensuring confidentiality in the storage and use of data. Any significant change in the question, design or conduct over the course of the research should be notified to the Research Ethics Committee and may require a new application for ethics approval.

Signed

Date 21 July 2018

If submitted by a student please pass to your supervisor for signature

Supervisor's Comments:	Minh has worked closely with survivors of modern slavery for over a decade and has developed a solid plan for ethical research conduct.

Name of supervisor: Kevin Bales

Signature of supervisor Kevin Bales

Date: 23 July 2018

Name ANDREW DENHAM	Name
(Chair of REC or representative)	(Chair of REC or representative)
Signed Andrew De	Signed
Date 25. 07. 2018	Date

Appendix C

CONSENT TO PARTICIPATE IN RESEARCH

Wellbeing of Survivors of Slavery

Introduction

You are being asked to take part in a research study regarding your experiences of health and wellbeing. The study will look at how people who have gone through any form of modern slavery describe their wellbeing. We are interested in what has helped or not helped you in the process of pursuing wellbeing after exiting slavery.

This study is part of a doctoral thesis (research project) for Miss Minh Dang, a PhD student at the University of Nottingham and someone who also identifies as a survivor of modern slavery.

We are inviting you to participate in a one-on-one interview with Miss Dang. Anyone over the age of 18 who is currently living in the United Kingdom and has gone through any form of modern slavery is welcome to participate in this project.

Procedures

Your participation will include one in-depth interview that will last approximately 2 hours. The interview will take place at a location and time that is convenient for you. You may also be contacted via phone after your interview, in order to ask you questions that we might have regarding your responses. We will also invite you to speak with Miss Dang the day after your interview, to ensure that you are doing okay after speaking about a sensitive topic.

During the interview, you will be asked about your experience after exiting modern slavery: how you define or describe wellbeing for yourself; how has modern slavery affected you or your wellbeing; what types of support have you received for the impact of slavery on your life; and what are you most proud of in your journey to pursuing wellbeing?

Your participation in this research study is completely voluntary. You do not have to participate and there will be no negative consequences if you decide not to participate. If you do agree to be interviewed, you can stop the interview at any time. You can also refuse to answer any questions that you do not want to answer, and there will be no negative consequences. You may also request to have your interview excluded at *any time* after the interview by contacting Miss Dang.

You will receive reimbursement for any travel expenses you incur for your interview.

Benefits

There is no direct benefit to participating in this study. If you want, you will receive a copy of your interview transcript. The hope is that this research will lead to a better understanding of how to survivors of human trafficking achieve self-determined wellbeing in their lives.

Risks and Discomforts

It is possible that some of the interview questions may cause you discomfort. Though the focus of the interview is not on the details of your slavery experience, you may experience distress by nature of thinking about your identity as a survivor and thinking about its effect on your life. You can refuse to answer any questions or you may take a break at any time during the interview. Although every effort will be made to protect your confidentiality, this cannot be guaranteed. It is possible that being in the study could lead to someone finding out about your experience as a survivor of modern slavery.

Confidentiality

The research team will carefully protect your confidentiality. Your name will not appear on any study documents and your interview will be labelled by a pseudonym, a fake name. Your name will not be linked to your answers in any way. Your name will not appear in reports of study data. All participants are assigned pseudonyms that will be used in presentations and publications. If you like, you will have the opportunity to identify your own pseudonym. Only Miss Dang and her PhD supervisions will have access to interview recordings and transcripts. **Please see attached Privacy Notice for additional information about data storage.**

The researchers on this project are not mandated reporters and are not licensed to provide clinical services. If you report self-harm or the potential of harm to others, the interviewer is not required to report this information to authorities. As a concerned professional, the interviewer may speak to you about additional resources and strongly recommend that you seek additional support.

Contact Information

If you have any questions about this study at any time, please feel free to contact:

Minh Dang, MSW // 0794 890 3303 // minh.dang@nottingham.ac.uk
Kevin Bales, PhD // 0115 846 6230 // kevin.bales@nottingham.ac.uk
Nicola Wright, PhD // nicola.wright@nottingham.ac.uk

Do you have any questions?

* *

Have you read this consent form or it has it been read to you?	Yes____	No____
Do you agree to participate in this study?	Yes____	No____
Do you give me permission to audio tape your interview?	Yes____	No ____
Do you give me permission to store the recording of this interview and its transcript on the University of Nottingham's computers?	Yes____	No____
Do you give me permission to contact you with follow-up questions?	Yes____	No____
Are you willing to receive a follow up call tomorrow?	Yes____	No____
Do you give me permission to use direct quotes from your interview in publications and presentations?	Yes____	No____
Would you like to identify your own pseudonym?	Yes____	No____

If yes, what pseudonym would you like to use? ________________________________

Appendix D

PRIVACY NOTICE

Privacy Information for Research Participants

The University of Nottingham is registered as a Data Controller under the Data Protection act 1998 (registration No. **Z5654762**). One of our responsibilities as a data controller is to be transparent in our processing of your personal data and to tell you about the different ways in which we collect and use your personal data. The University will process your personal data in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 and this privacy notice is issued in accordance with the GDPR Articles 13 and 14. The University of Nottingham may update our Privacy Notices at any time.

For more information and who you can get in touch with and your rights as a data subject, please visit: https://www.nottingham.ac.uk/utilities/privacy.aspx.

Why we collect your personal data

We collect personal data under the terms of the University's Royal Charter in our capacity as a teaching and research body to advance education and learning. Specific purposes for data collection on this occasion are to understand how survivors of modern slavery define wellbeing.

Legal basis for processing your personal data under GDPR

The legal basis for processing your personal data on this occasion is your written consent as the research participant.

Special category personal data

The basis for processing your sensitive personal data (including ethnic origin) on this occasion is your explicit consent as the research participant.

How long we keep your data

The University may store your data for up to 25 years and for a period of no less than 7 years after the research project finishes. The researchers who gathered or processed the data may also store the data indefinitely and reuse it in future research. Measures to safeguard your stored data include using a pseudonym (a fake name) on any documents where we discuss the content of your interview. The recording of your interview will be stored on an encrypted hard drive and password protected. When in email contact, we will use the University's secure email server. Your phone number will not be stored on any personal mobile phones.

Who we share your data with

Extracts of your data may be disclosed in published works that are posted online for use by the scientific community. Your data may also be stored indefinitely on external data repositories (e.g., the UK Data Archive) and be further processed for archiving purposes in the public interest, or for historical, scientific or statistical purposes. It may also move with the researcher who collected your data to another institution in the future.

Appendix E

Wellbeing for Survivors of Slavery
Semi-Structured Interview Guide

Introduction

- Personal introduction: Name, University Affiliation
- Review Participant Information Sheet and Consent Form
- Remind them that they can ask for clarification of questions or stop at any time

Warm Up Questions

- How did you hear about the project?
- Tell me what interested you in participating today?

Wellbeing Questions

- What does a healthy life look like to you?
    - What do you feel when you are healthy?
    - What do you do when you are healthy?
    - Where do you think you are now, compared to the healthiest possible?
    - What would you need to get to that vision?
- What are you most worried about in terms of your health?
- When do you feel the most alive? When do you feel the best?
- When do you feel the least alive? When do you feel the worst?
- When you feel at your worst, what has helped you get through?
- What do you think of when I say the term wellbeing? Is this the same as health, or different?
- If you could imagine yourself at the highest level of wellbeing, what would that look like?
    - How would you know when you achieved wellbeing?
    - How important is wellbeing to you?
    - What's most important to you about your wellbeing?
    - What role, if any, do relationships and community play in your wellbeing?
    - Do you think justice is part of your idea of wellbeing? What would justice look like to you?

Identity

- If someone were to ask you to describe who you are, what would you say them?
    - What are key words that you use to describe yourself?
    - Which of these identities or roles is most important to you, if any?

- When you hear the term modern slavery, do you think that it applies to you?
    - Please tell me more about your answer.
    - Do you consider yourself a survivor of modern slavery?

  - If not, what term(s) do you prefer?
- What does it mean to say you are a survivor of modern slavery?

Wellbeing and Slavery Experiences (part 1)

- Tell me about the types of support you have received, if any, for your wellbeing **before** being enslaved.
- Holding in mind your definition of wellbeing above, describe the impact that being enslaved has had on your wellbeing.
- What support or help have you received for the way you've been impacted by your slavery experiences?
  - probe: involvement of public systems like Child Welfare, Juvenile Justice, etc.
  - Have you seen a licensed therapist?
    - If yes, for how long? Has it been helpful?
    - If no, will you share why?
- What experiences have contributed **positively** to your health? Wellbeing?
  - What did people/organizations do that was helpful?
  - Who are the people most central to your healing?
- What experiences have contributed **negatively** to your health? Wellbeing?
  - What did people/organizations do that was **not** helpful?

Demographic Questions

- Where did you experience modern slavery?
- How old were you when you first experienced slavery? When you last experienced it?
- Are you willing to share how old you are and where you were born?

Wellbeing and Slavery Experiences (part 2)

- What is something that you feel most people don't understand about your past experiences? What is something that most people don't understand about your current experience in freedom?
- What, if any, types of support do you still feel you need or you would like?
- When you first left/exited slavery, what hopes did you have?
- What do you hope for now?
- If you could design a program to support survivors' wellbeing after slavery, what would that program look like?
  - What would you make sure is included?
  - How would you know you were successful?

Final Question

- What do you feel most proud about in your journey to wellbeing?