Subject-making in ambiguous systems: trafficking aftercare in the UK and beyond

Runa Lazzarino and Anne-Marie Greenslade

Introduction

This chapter revolves around modern slavery and human trafficking (MSHT) aftercare systems, drawing on the voices of frontline practitioners and survivors, in the UK and beyond. Our aim is to highlight where key aspects of aftercare systems become challenges and compromises for survivors. To frame the tortuous experience of survivors navigating the ambivalent terrains of the system, we hold onto the concept of 'subjection' (Butler, 1997). As the 'process of becoming subordinated by power' and 'becoming a subject' (Butler, 1997: 2), subjection is a useful tool to capture the continuous negotiations survivors have to engage in with aftercare systems.

The chapter is divided into six sections. As a start, we expand the theoretical grounding of the chapter, introducing the concepts of vulnerability and trauma. We also present our critique of MSHT as a discourse, deepening the criminological versus victimological divide, and its implications in aftercare. The context of the research studies underpinning this chapter is also outlined. The following four sections focus on aspects of post–MSHT life, casting light onto specific challenges/compromises for survivors. First, we discuss the process of self–identification and how this conflicts with the way MSHT victims/survivors are described in anti–MSHT systems. Following this, we explore acceptance to join the system, and identify some negative implications of survivor engagement with the system. In the last two sections, we highlight paradoxical traits of mental healthcare, education and employment services, to ultimately show how they disempower more than support recovery and reintegration. In the concluding section, we try to connect the difficulties in subject–remaking encountered by survivors navigating a fallacious care system with the elaboration of *their* sense of practical justice. This means that survivors would not subjugate to a fallacious system, but would instead contribute to the design of a fair one. Based on

our conclusions, the chapter will offer some recommendations for a more survivor–centred system of care.

Subjection and the ambivalent anti-trafficking discourse

This chapter is rooted in the concept of 'subjection' (Butler, 1997) to capture the experience of survivors' subject-remaking navigating the ambivalent terrains of MSHT aftercare. As subjection draws together the simultaneous being-made and self-making process, it can be usefully applied to frame how survivors need to continually subjugate to a fallacious system, while also carving out their own spaces for rebuilding lives and identities. The system, we maintain, constructs survivors as vulnerable, but fails to provide empowering support.

Vulnerability and trauma are two key notions which often underlie how survivors are conceived and assisted, from recruitment to care. For example, in Article 3a of the Trafficking Protocol, 'abuse of a position of vulnerability' is listed among the means traffickers can employ to perpetrate the crime (United Nations, 2000). Vulnerability is also associated with life after trafficking in relation to the sociocultural exclusion and irregular status of migrants (UNODC, 2012). Additionally, vulnerability of survivors is commonly looked at as one of the consequences of the traumatic events experienced during exploitation – and to the scars these leave on survivors' wellbeing. Here, we embrace criticism of social vulnerability theories which emphasise lack of agency and subjection to structural inequalities, and which inform Western-centric and paternalistic systems of assistance (Bankoff, 2001), moulded onto the Global North subject (Fineman, 2008).

Vulnerability and trauma sit on the victimising end of the anti-trafficking discourse. On the other side, a criminalising approach over-responsibilises victims, treating them with little understanding and compassion, due to their irregular migration status or due to illegal or 'immoral' activities carried out during their exploitation (see Chapters 6 and 8, this volume). Anti-trafficking discourse builds upon stances which are, at the same time, rigidly dualistic and opportunistically ambiguous. The dualism is expressed in simplified, clear-cut oppositions, such as victims versus criminals, consent versus constraint, smuggling versus trafficking, freedom versus unfreedom. The ambiguity sees the reproduction of policies and practices which re-traumatise survivors (Dando et al, 2016), while at the same time constructing them as vulnerable.

The ambiguity in anti-trafficking discourse, we argue, is enabled by ideologies of the MSHT discourse. These ideologies favour an opportunistic oscillation between those very opposing poles on which they are built (Chuang, 2010). The oscillation is too often dictated by the interests of

states and institutions (Bravo, 2019), rather than the interests of survivors. Ideologies of the MSHT discourse are linked to the anti-migration, border protectionist agenda (Aradau, 2008) and the neo-abolitionist anti-prostitution movement (Doezema, 2010) – which is in both historical and contemporary connection with women trafficking (see Chapter 5, this volume). MSHT ideologies are also blended with the postcolonial victimhood discourse of humanitarian intervention. Here, the vulnerable/traumatised survivor is framed within a broader depoliticising humanitarian apparatus of systems of intervention (Pupavac, 2001; Fassin et al, 2002). These systems, like the trafficking aftercare one, are underpinned by Western-centred biomedical knowledge of the self, wellbeing and trauma (Hinton and Good, 2016).

Against these ideological frameworks, we want to cast light onto vulnerability and trauma as political positions and not only as places of privation and desperation (de Lauretis, 1990), in need of urgent help. Trauma and vulnerability become places where 'social actors exhibit and enact new ways to re-construct and re-inhabit their own world' (Das, 2000: 223). To this end, we focus on care and support for survivors of MSHT, and survivors' own perspectives and experiences within their post-trafficking journey. We juxtapose voices of frontline practitioners from the UK and voices of survivor returnees in the Global South. We concentrate on how survivors rebuild their identity and future aspirations through therapeutic intervention, education and employment within trafficking aftercare, in the UK and the Global South. A further aim is to convey the extent to which MSHT discourse is intrinsically informed by the interplay between the Global North and the Global South, intended as two ideological constructs and as both socioeconomic and geographical realities (see Introduction, this volume). The points of view of practitioners in the UK are set in dialogue with a selection of interludes of survivor returnees extrapolated from ethnographic fieldwork conducted in Northern Vietnam, Central–West Brazil and Nepal (Lazzarino, 2015). The injection of voices from the Global South echoes grassroots perspectives in MSHT as a Global North versus South discourse.

This chapter is based on qualitative empirical investigation – fieldwork, semi-structured interviews and focus groups – with frontline practitioners and survivors in the UK and the Global South. The UK interviews were conducted in 2018 and 2019 by Anne-Marie Greenslade, with nine frontline practitioners, representing a cross-section of the UK's survivor support provisions, including government-funded and independent charities, and the public sector. The survivor returnees' voices from the Global South derive from a multi-country ethnography conducted by Runa Lazzarino between 2010 and 2013 using ethnographic immersion, informal conversations, in-depth interviews (122 in total) and focus groups.

Self-identification versus identification by others

The preliminary step to enter the system of assistance is to adopt the identity of MSHT victim. It also entails a decision that, in the name of that identity, becoming a 'client' is optimal. In the field of MSHT support, survivor voices are notably lacking in policy decisions and literature (Curran et al, 2017; also Introduction, this volume), despite the fact that this is slowly changing. A dearth of survivor-led input means that available information about post-intervention experiences can be unreliable (Lockyer, 2020). Furthermore, the greater focus on the sexual exploitation of women and girls eclipses the fact that men and boys can also become victims of sexual or other forms of slavery, or that labour exploitation occurs across a multitude of industries, as this volume shows. This biased focus of MSHT systems of assistance has an impact onto survivors' self-perception and decision-making processes. In fact, a significant issue for survivors is how they understand and describe what has happened to them.

MSHT survivors, particularly those who have been trafficked from abroad, but also those who return to their home may be unacquainted with the official terminology (Doyle et al, 2019). In the UK, when authorities intervene, many victims are more inclined to focus on their asylum/immigration or reintegration needs, rather than disclosing details of their exploitation (Doyle et al, 2019). Legal terms referring to immigration or criminal justice are also unlikely to be familiar, resulting in detention at an immigration or rehabilitation centre, or even prosecution for crimes committed during exploitation (see Chapter 8, this volume). This places an emphasis on their 'otherness' as an offender in an unfamiliar country, or as an outsider treated with suspicion in their home country (see Chapter 6, this volume). Survivors' feelings of shame and self-stigma can arise from ideas that they are ultimately responsible for their unsuccessful migratory journey (Lazzarino, 2014). Moreover, this disconnect feeds into how survivors define *themselves*, as a practitioner in the UK expressed: "They would say 'My lawyer has told me that trafficking is …' so they understand what's happened to them isn't what they wanted but the language that we assign to them isn't always the language that they would assign to themselves" (Emma, Birmingham, UK, 30 October 2018). The issue of linguistic discrepancy is emblematic of the multilayered interplay between Global South and North in MSHT discourse (see Introduction, this volume). It shows how the spread of the current global trafficking discourse has repurposed international and local aid. The South–North interplay is also revealed in the language of law and policy, clashing with the experiences of irregularised migrants and marginal citizens.

   Brazil incorporated the Trafficking Protocol into national legislation after ratifying it in 2004 and implemented changes in the justice system, other statutory instruments and the third sector. Examples include the creation of a National Policy to Counter Trafficking in Persons in 2006, an all-comprehensive new Law to Prevent and Combat National and International Trafficking in Person (Law 13.344 of 2016), the establishment of posts at airports and bus stations and state-level anti-trafficking offices. This progressive internalisation of the Trafficking Protocol reverberated in modifications of practices, language and ways migrants are defined and self-define:

> 'I think that I was trafficked yes. … I know what trafficking is because I saw a programme on TV, and yes, because I had to pay against my will and I was tricked … you know, I paid for everything to go to Europe, but it was a friend who brought me there, and she tricked me because she wanted to make money out of me, she wanted 50 per cent of each *programa* [client], but that was not the agreement, so I went to work in a brothel.' (Manuela, Anápolis, Brazil, 27 September 2012)

> 'There were a lot of rules, I was feeling in cage [in the brothel] because we could not go out, but I was not a victim because I knew, only I did not know about all the conditions … in women chatting here in Anápolis, in 2005, nobody was talking about trafficking, trafficking is when you go without knowing, it's the trick.' (Maia, Anápolis, Brazil, 10 September 2012)

Self-identifying as victims does not necessarily lead to entering the system, as in the case of Manuela, who had returned to Brazil years before and struggled to rebuild a life within their network of queer friends and sex workers. Conversely, Maia did not self-identify, yet received psychotherapeutic support from the local Assistance Centre for Women, where the counsellor described her as a victim of human trafficking. For many survivors, entering the system entails dealing with local authorities and other anti-MSHT actors, retelling their private life and their unsuccessful migratory endeavour, magnifying the traits of vulnerability of their journeys. It implies an act of subjugation to a public shame in relation to the discrimination they experience as queer or sex worker, failed migrant, uneducated, poor and mental health service users. Entering the system, both in the UK and elsewhere, entails facing several judgemental and demanding gazes – that of family, community and society, as well as their own. But to some, it appears as a forced choice, with no alternatives. In these cases, 'consenting' to being identified as victims/survivors is a problematic question.

Entering the system

A spectrum of reasons informs survivors' decisions as to whether to enter the system of trafficking aftercare. In 2009, the UK introduced the National Referral Mechanism (NRM), an administrative mechanism by which victims are formally identified, and individuals over the age of 18 must give informed consent to be referred. While we acknowledge the broader issue of consent, we consider consent in critical terms of compromising agency within the framework of the anti-MSHT system. Providing consent to the NRM identifies individuals as a victim and allows their details to be shared with other state authorities. Fear of repercussions, re-trafficking and further discrimination will often prevent victims from taking this option. Furthermore, most victims just want to work (Strauss, 2017) and, having left or returning to their country of origin and very often their families, the desire to create a better life is paramount. Under the NRM, however, survivors are prohibited from paid employment. This leaves many survivors with a difficult choice; although they may have previously been subjected to terrible conditions and abuse, they were at least eking out an existence: "We've got a situation where they're like 'You're offering me this NRM, I've got to sign this piece of paper, you're telling me I'll be somewhere safe for 45 days and after that you're promising me nothing, so maybe it's better to stay with the devil I know'" (Emma, Birmingham, UK, 30 October 2018). Emma felt that the goalposts had shifted from the initial aim, "which in my understanding was meant to be an administrative process and now it's become an access to support mechanism". For that reason, consent may not always be as freely given as anticipated:

> 'Survivors have said … "sure we consent but basically because people are saying that if you don't go into the NRM you are going to be homeless" or you don't have access to anything, so … it's consent with very constrained options so I fear that what people think is consent to enter the NRM is not full consent, or fully aware consent.' (Jenni, Manchester, UK, 13 August 2019)

> 'There are people who are choosing not to go into the NRM because the only reason you would choose to go into the NRM, if you're an adult, is if you're absolutely destitute and at risk. That's the only safeguarding route we have for adults at the moment.' (Caroline, Nottingham, UK, 22 November 2018)

The NRM has also been criticised for its failure to appreciate survivors' lived experience. Jenni noted that survivors are often labelled with the binary of "either pitiful traumatised or amazing resilient", neither of which

acknowledges the complexities and personalities of the individual. This diminishment of identity also correlates with stereotypical perceptions of the 'ideal victim' (Christie, 1986):

> 'Victims don't always behave like victims. … I've had quite a few victims who … would naturally progress to drink … to violence … to drugs, and understanding that if you get very well-meaning people involved, that sometimes these potential victims don't always behave and so will beat people up and wreck places.' (Diana, Bristol, UK, 22 February 2019)

When no better options surface, it is more likely that survivors perpetuate their condition of dependency and precarity, and therefore accept to entrust trafficking aftercare systems with their life rebuilding. However, this does not imply exhibiting a submissive attitude. On the contrary, riding the advantages of the system does require a subtle orchestration of behaving like a victim, on the one hand, and a social actor actively pursuing different desires and plans, on the other hand (Lazzarino, 2017). Referring to Butler's concept of subjection, the moment of subjugation – the being-made within the system – is paired with expressions of agency and self-affirmation, outside of the 'ideal victim' box. These expressions can be manifestations of suffering, such as drug misuse but also very simple ones, such as initiating an argument, or wanting to socialise with peers.

In Vietnam, sex work is illegal and stigmatised as a 'social evil' (Lazzarino, 2014). Since victims of human trafficking are associated with sex work, upon return from an international trafficking experience they experience stigma which goes in tandem with a paternalistic approach to trafficking aftercare. Nhung, an official case of forced marriage in China, spent a year in a post-trafficking shelter for women and expressed the tension between the colliding expressions of agency and victim:

> 'Sometimes I do not like myself, when I make a mistake, and I feel powerless … for example with the teacher at work, I had an argument because he shouted at me and I dared shouting back, and so I quit the hairdressing school. The shelter house is not peaceful … the social workers are nice but there are problems inside the house, there are no close friendships … the security guards have the attitude as if we were all like prostitutes, and we do not have the right to say anything, they monitor us when we eat and he seems to say "if you went back to your hometown you wouldn't have all this food". … I try to overcome the feeling of shame and I went back to my village only once.' (Nhung, Hanoi, Vietnam, 22 October 2011)

Several other residents manifested negative opinions in relation to their trafficking aftercare, particularly in terms of being viewed with suspicion by the managers and the guards, as well as their own families and rural communities of origins. Furthermore, self-stigma and shame are often accompanied by a sense of isolation due to the difficulty in establishing trusting relationships:

> 'For example, the other weekend I got permission to go out and everybody [in the shelter] thought that I went to a hotel for sex … instead I went to the park with other people.' (Bian, Hanoi, Vietnam, 7 November 2011)

> 'I feel free and independent when I am here playing table pool with you [author]. I kind of liked the rules in the shelter, even if I felt angry once because my case worker did not allow me to stay out longer with my friends. Now I am grateful though, because those rules made me become more disciplined and made me avoid bad influences and temptations. The problem were not the rules … the atmosphere there was complicated. You know, we were women having different pasts, some were trafficked, other were prostitutes by choice and escaped from the shelter to take again the route of prostitution. … In my hometown, people's awareness is very backward. They do not care if I was a victim of human trafficking or not, they always look down upon me, even my family members. Here, in Hanoi, I do not know anybody, I do not have any friends, I do not want to tell anybody about my past,' (Xuan, Hanoi, Vietnam, 28 May 2013)

In Vietnam, which ratified the UNODC Trafficking Protocol in 2011, the international MSHT discourse has been assimilated slowly at a cultural level – that is the wider level of understandings, perceptions and language. Instead, the Protocol was internalised quickly at a formal level: a series of decrees and circulars were issued, including a new Law on Prevention and Suppression against Human Trafficking in 2012 (No 66/2011/QH12). This growing corpus of documents reverberated in all domestic ministries and agencies, including new inter-agency cooperation and collaborations with international donors and non-governmental organisations (NGOs) (Tran et al, 2020). Under the law, the Department of Social Evils Prevention is tasked with assisting trafficked returnees to recovery and reintegration. Within an integral model of assistance that is found worldwide (Lazzarino et al, 2022), the section of the Vietnamese anti-trafficking law on support for victims (Chapter 5, Art 32) establishes a series of services trafficking victims are entitled to, such as medical and legal aid, and support for educational and vocational training. 'Victim supporting institutions' are to provide psychological support with the aim of having 'their psychology stabilised'.

Rebuilding through mental health support

Trafficking aftercare places survivors on an oscillating threshold between 'victim' and 'fraud'. This is evident in the model of the shelter which tends to infantilise residents (Lazzarino, 2017). This is also apparent for those survivors not deploying stereotypical victim behaviours. In broad terms, survivors are considered traumatised and in need of 'stabilisation', as specified in the Vietnamese law, however, the system is itself often re-traumatising (Contreras et al, 2017) and/or lacking adequate mental healthcare. Re-traumatisation can occur in several ways. In addition to the traumas encountered through presenting oneself as 'victim' and enter the system of assistance, suspicious attitudes, delays and insensitive support practices can further exacerbate trauma.

In 2013, the Anti-Trafficking Monitoring Group (ATMG) found the UK system to be lacking (Annison and ATMG, 2013). The report described delays in the identification process, the effects of which have also been highlighted by Survivor Alliance UK:

> Waiting for a decision following the interview is re-traumatising, and is a re-trafficking process. Like a trafficker, the Home Office promises you care and quality support. Like your trafficking experience, you feel that you cannot run away from the Home Office, because they know all your details and everything about you. (Browne et al, 2019: 6)

> The wait is re-traumatising. I am still waiting. … I have been for more than 900 days. This has caused serious consequences and delays to my asylum claim. I have been diagnosed with post-traumatic stress disorder, anxiety with panic attacks, and low mood by my psychotherapist, in the context of this traumatic experience and the uncertainty of whether I will reunite with my children. (Browne et al, 2019: 6)

Both quotes signify a compounding of the ordeal the survivors have already experienced. This is tragically paradoxical because trauma-informed aftercare has been gaining momentum (Wright et al, 2021), increasingly becoming the standard therapeutic approach, in the US and UK, for example (HTF, 2018). Through a trauma-informed model of support, practitioners can facilitate empowerment through collaboration with survivors, and build towards the long-term goals of self-sufficiency and self-agency (Lockyer, 2020).

Collaborative models of post-MSHT assistance are still scarce globally (see Introduction, this volume; Lazzarino et al, 2022), yet on the rise. In Nepal, co-produced assistance can coexist with non-participatory, 'total institutions' (Goffman, 1990) of recovery and reintegration. In Kathmandu, an example of co-produced assistance is the first organisation founded and led by a

group of women exploited in Indian red-light districts (Shakti Samuha, 2013). In the same city, another organisation follows instead a centralised, family-like model of assistance, which is radically based on religious faith and a charismatic leadership. Such was the organisation Lazzarino conducted research with in 2013. That charity was initiated by a foreign evangelical couple in 2000 and operates in MSHT prevention, as well as repatriation and reintegration, following and supporting children from their very early education up to finding them employment. The NGO thus established its own school, vocational training programmes and activities. Meanwhile, evening gatherings around Bible reading, Friday religious celebrations and morning school prayers all cement a strong sense of unity, to form one family close to the Christian God. This organisation is an instance of missionary aid, where the whole body-mind-soul needs of the beneficiaries are ideally catered for. One of the NGO's Nepalese leaders clarifies: "their [MSHT survivors] cognitive skills are like those of the others, it is their sentiments and soul … their emotional instability … they feel guilty, inferior, easily lose confidence … they are all traumatised by poverty and stigma" (Aditi, Kathmandu, Nepal, 1 August 2013). Surprisingly, in light of this quote, psychological support was lacking. A safe sense-making space supported by a professional was not available, while also a strong taboo impeded any talk about the residents' experience. "Counselling is about finding inner strength and inner healing" (Binsa, Kathmandu, Nepal, 27 July 2013), an ex-beneficiary expressed, now in charge of the organisation's reintegration programme. Binsa also stressed how important psychological support was, particularly for underage survivor returnees sold by their own families and ending up in Northern Indian red-light districts. This was the case of Nirmala:

'I was born in a humble rural village and when I was 16 my parents sold me to a woman who should have brought me to Kathmandu to work as a maid in a house, but instead I found myself in India. I spent there almost three years before being rescued and eventually repatriated. When I arrived in the shelter house, the first thing I looked at was the height of the enclosure around the house to evaluate if I would be able to jump and run away. I was constantly thinking about fleeing during the first days. Slowly though, I started to be persuaded by the warmth and the physical and psychological comfort that I could find in the organisation. I converted to Christianity and now I am the vice leader of my house, on the way to become a leader herself, while also studying to be a social worker.' (Nirmala, Kathmandu, Nepal, 20 July 2013)

Every survivor-leader in the organisation received brief counselling training, and a counsellor was meant to visit the shelter homes every two

weeks, hosting in total over 200 minors at the time of the fieldwork. Apparently, the mental healthcare professional was always available to be contacted in case needed, and they could also liaise with a psychiatrist if necessary. Despite this, information, counselling and mental health support were never provided during the time of the fieldwork. It is similarly surprising that UK legislation does not lay out clear provisions for mental health support.

On the one hand, the existence of trauma and the need for psychotherapeutic support is recognised, but this is neither officially regulated and provided, nor consistently offered and prioritised. This is not to say that Western models of formal counselling/psychotherapeutic support must be considered the best way to support survivors' recovery (Lazzarino, 2020). The spectrum of support techniques is indeed expanding to include alternative approaches, which are less biomedical and more culturally sensitive (Lazzarino et al, 2022; Chapter 12, this volume). However, it is also questionable that radically integral, 'total' approaches – the opposite of the standard UK approach – are an ethical and culturally sensitive way to favour healing, reintegration and independence. These radical approaches are different from positive values-based support, as described by Murphy and Anstiss (Chapter 11, this volume). The Nepalese missionary case poses an issue particularly relevant, as the foreign NGO's denomination is a minority faith in the larger context in which it operates. It represents a case of widespread control of an organisation over the rebuilding of its, often extremely young, beneficiaries. In reference to the underlying concept of subjection, the process of becoming subordinated by power appears to exceed that of 'becoming a subject' with any agency. The NGO controls several key aspects of the children's development and self-making, including their spirituality, education and often their marital and work dimensions as they grow up. This aspect is crucial as education and employment are the key means to an independent adulthood.

Rebuilding through education and employment

The practical aspect of becoming independent is important to the psychological transition from victim to integrated member of society, as survivors do not wish to be defined solely as someone who has experienced trauma (Lockyer, 2020). Engaging with other services and activities can be instrumental in leaving behind vulnerability and trauma, as UK providers highlight:

> 'Lots of the men and women go out and volunteer in places. … They don't turn up as an [organisation] survivor, they just turn up as "Kate" or "Sarah", and actually they can be themselves so it's just trying to

remove that label so they can disclose it if they want to but it's not our job to do.' (Emma, Birmingham, UK, 20 October 2018)

'It might be looking at what aspirations they've got, what educational desires they've got, what do they want to do employment-wise?' (Caroline, Nottingham, UK, 30 October 2018)

Education can provide a lifeline to survivors who are not ready for employment, but wish to develop their skills and knowledge. Survivors who were trafficked as children or very young adults will have had to leave school very early, if they started it at all. Manuela and Maia felt ashamed by their poor education, and they were struggling to find a decent job they could feel satisfied with. Access to education in a foreign country can be even more challenging for adults, as is the case in the UK. Very few colleges can accommodate the complex needs of survivors or deliver the type of programme that would be beneficial to them (see Introduction, this volume). Education "gives people their lives back … it's about building their hope for the future, actually starting to make plans again, planning what you want to do next" (Nia, Newcastle, UK, 19 December 2018). As a bridge from intervention to independence, language skills and other qualifications are valuable assets in the step towards legitimate employment. In fact, one clear message from survivors is that most of them, especially men, just want to work. Unfortunately, the UK's NRM employment prohibition blocks this. Given that a central aim of any survivor-centric organisation is to empower and encourage independence, the notion of individuals identifying suitable job roles, or undertaking an interview, alone would also be an obvious natural step. However, unless an employer is also trauma-informed, they may not appreciate the additional needs of a survivor-worker:

'There is a motivation to work, it's not about not working. And they get the job and they do the job for six months and then they go and move on and then they hear a gunshot outside the house, or somebody threatens them in a way that's a trigger and they just have this sudden down spiral where their whole world falls apart.' (Ayesha, London, UK, 9 May 2019)

Acknowledging these challenges, a small number of initiatives have been founded to help develop survivors' employability skills and support them through the transition from the safe house to independence (see Chapter 11, this volume). Although employment is more likely to occur towards the latter end of survivor recovery, it can make an enormous difference in their overall wellbeing and self-esteem:

'[One survivor] said "I've worked in the UK before but never been paid. Now I even get paid holiday, I feel like a king". So not only was he being paid but actually valued enough to have paid holiday, I think you can't underestimate the impact of that on somebody who has been in exploitation. … I think a lot of survivors really value that, being in a workplace where they're valued as an individual and they can share a joke and a laugh with people and they can learn to feel safe somewhere.' (Rachel, London, UK, 9 May 2019)

The aspiration to achieve what is desired, including being 'valued as an individual', is a strong anchor that supports survivors' subject-making. Survivors' determination prevents them becoming trapped by a more powerful system, to which they frequently have to subordinate in order to progress. Survivors' determination, desires and aspirations can be valued to the point that, even though the system is more powerful, the perspective is overturned: the system becomes instrumental for survivors to pursue their drive to rebuilding and redefining their identity. This is how a just system of MSHT aftercare should look.

Conclusion

We would like to conclude this chapter with a reflection around justice, intended beyond its mere legal meaning. What does justice look like for MSHT survivors? This chapter is underlined by the concept of subjection, as that universal dialectic dynamic of being-made and self-making. This angle to post–MSHT care aims to highlight how survivors navigate a paradoxical, often disempowering system, without fully subjugating or overturning it. From their attributed labels of vulnerability and trauma, survivors carve spaces to rebuild their identity and pursue their future aspirations. This happens through, and despite, the ambiguous terrains of the system of assistance.

Justice for survivors may be the possibility of re-centring their life, however this looks to the individual. We found, for example, that survivors of MSHT often express little interest in seeing their perpetrators punished. Given that most survivors originally wanted to work for a better life for themselves and their families, a lot of them desire compensation, or, when that is not an option, being able to provide for themselves and their families. In addition, while there is a reluctance to view themselves as victims, the concept of justice carries different meanings. In order to be accepted as a victim, and to receive support, trafficked individuals must subordinate to power. This necessarily feeds into their own self-image and can collide with their sense of self and agency. An internal 'victim versus subject with agency ambivalence' resonates with that of the MSHT discourse. This discourse, we

have seen, is at the same time victimising and criminalising, and therefore establishes a culture of suspicion. From an even broader perspective, the negligence of governments in supporting and coordinating survivors' assistance speaks to the disparity between what we have in laws and what we have in practices. Postcolonial North versus South divides influence governmental policy approaches, whether this is through 'otherness' or through accepted paternalistic standpoints around people's vulnerability. It also speaks indeed to unequal configurations within the international community. While there is unity on paper, very poor countries, for decades affected by natural disasters, political violence, wars and exploitation of minors, such as Nepal and Vietnam, are simply lacking the resources to care for their MSHT returnees.

In conclusion, we offer some recommendations for a system of care which is attuned with survivors' sense of justice and in full support of their 'becoming subjects'. Support that aims to empower its recipients should be designed in a way that respects the autonomy and agency of survivors. This approach realistically accepts that life for survivors does not return to a pre-defined 'normal'. Survivors desire a normal life, and it is only they who know what that new normality should look like (Lazzarino, 2019). The trauma and experiences of subjection have been part of a survivor's life, but they do not define their subjectivity; instead, a rebalancing can take place in which the survivor can redefine themselves and make choices in line with this new identity. It is necessary to develop policies and practices of care which are survivor-centred and establish systems that show a sensitivity towards the actual support needs of survivors, and avoid re-traumatising. Consistent advocacy and support standards should be underpinned with training for all relevant practitioners in cultural and structural competence. This should be informed by survivor-led input, acknowledging the lived experiences of those who have been through these support systems and can attest to the success and limitations of various practices. Specific consideration should be given to the nature of trauma and its manifestation, by allowing survivors to decide how and when they access therapeutic intervention, and to make informed choices as to the most appropriate support for their needs.

References

Annison, R. and ATMG (2013) *Hidden in Plain Sight. Three Years On: Updated Analysis of UK Measures to Protect Trafficked Persons*. London: The Anti Trafficking Monitoring Group.

Aradau, C. (2008) *Rethinking Trafficking in Women: Politics Out of Security*. Basingstoke: Palgrave Macmillan.

Bankoff, G. (2001) Rendering the world unsafe: 'Vulnerability' as western discourse. *Disasters*, 25(1): 19–35.

Bravo, K.E. (2019) *Contemporary State Anti-'Slavery' Efforts: Dishonest and Ineffective*. Rochester: Social Science Research Network. Available from: https://papers.ssrn.com/abstract=3504027 (accessed 28 August 2021).

Browne, H., Esiovwa, N. and Dang, M. (2019) *The Journey of Our UK Survivor Network: Challenges & Successes*. Nottingham: Survivor Alliance UK CIC.

Butler, J. (1997) *The Psychic Life of Power: Theories in Subjection*. Stanford: Stanford University Press.

Christie, N. (1986) The ideal victim. In E.A. Fattah (ed) *From Crime Policy to Victim Policy*. London: Palgrave Macmillan, 17–30.

Chuang, J. (2010) Rescuing trafficking from ideological capture: Prostitution reform and anti-trafficking law and policy. *University of Pennsylvania Law Review*, 158(6): 1655–728.

Contreras, P.M., Kallivayalil, D. and Herman, J.L. (2017) Psychotherapy in the aftermath of human trafficking: Working through the consequences of psychological coercion. *Women & Therapy*, 40(1–2): 31–54.

Curran, R.L., Naidoo, J.R. and Mchunu, G. (2017) A theory for aftercare of human trafficking survivors for nursing practice in low resource settings. *Applied Nursing Research*, 35: 82–5.

Dando, C.J., Walsh, D. and Brierley, R. (2016) Perceptions of psychological coercion and human trafficking in the West Midlands of England: Beginning to know the unknown. *PLOS ONE* 11(5): e0153263.

Das, V. (2000) The act of witnessing: Violence, poisonous knowledge, and subjectivity. In V. Das, A. Kleinman, M. Ramphele, and P. Reynolds (eds) *Violence and Subjectivity*. Berkeley: University of California Press, 205–25.

de Lauretis, T. (1990) Eccentric subjects: Feminist theory and historical consciousness. *Feminist Studies*, 16(1): 115–50.

Doezema, J. (2010) *Sex Slaves and Discourse Masters: The Construction of Trafficking*. London and New York: Zed Books.

Doyle, D.M., Murphy, C., Murphy, M., Coppari, P.R. and Wechsler, R.J. (2019) 'I felt like she owns me': Exploitation and uncertainty in the lives of labour trafficking victims in Ireland. *The British Journal of Criminology*, 59(1): 231–51.

Fassin, D. et al (2002) *Traumatisme, victimologie et psychiatrie humanitaire: nouvelles figures et nouvelles pratiques en santé mentale: rapport final*. EHESS.

Fineman, M.A. (2008) The vulnerable subject: Anchoring equality in the human condition. *Yale Journal of Law & Feminism*, 20(1): 1–23

Goffman, E. (1990) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books.

Hinton, D.E. and Good, B.J. (2016) *Culture and PTSD: Trauma in Global and Historical Perspective*. Philadelphia: University of Pennsylvania Press.

HTF (Human Trafficking Foundation) (2018) *The Slavery and Trafficking Survivor Care Standard*. London: Human Trafficking Foundation. Available from: https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf (accessed 28 August 2021).

Lazzarino, R. (2014) Between shame and lack of responsibility: The articulation of emotions among female returnees of human trafficking in northern Vietnam. *Antropologia South East Asia*, 1(1): 155–67.

Lazzarino, R. (2015) *Who Is the Subject of Human Trafficking? A Multi-sited and Polyphonic Ethnography*. Milan: University of Milano-Bicocca.

Lazzarino, R. (2017) After the shelter: The nuances of reintegrating human trafficking returnees in northern Vietnam. In S. Vignato (ed) *Dreams of Prosperity: Inequality and Integration in Southeast Asia*. Chiang Mai: Silkworm Books, 167–202.

Lazzarino, R. (2019) What is 'normal' in post-trafficking life? *Antislavery Early Research Association*, 22 January. Available from: https://antislavery era.com/2019/01/22/what-is-normal-in-post-trafficking-life/ (accessed 10 October 2019).

Lazzarino, R. (2020) PTSD or lack of love? *Medicine Anthropology Theory*, 7(2): 230–46.

Lazzarino, R., Wright, N. and Jordan, M. (2022) Mental healthcare for survivors of modern slavery and human trafficking: A single point-in-time, internet-based scoping study of third sector provision. *Journal of Human Trafficking*, 7(2): 1–18.

Lockyer, S. (2020) Beyond inclusion: Survivor-leader voice in anti-human trafficking organizations. *Journal of Human Trafficking*, 8(2): 135–56.

Pupavac, V. (2001) Therapeutic governance: Psycho-social intervention and trauma risk management. *Disasters*, 25(4): 358–72.

Shakti Samuha (2013) *Introduction Shakti Samuha*. Available from: http://shaktisamuha.org.np/about-us/introduction/ (accessed 29 August 2021).

Strauss, K. (2017) Sorting victims from workers: Forced labour, trafficking, and the process of jurisdiction. *Progress in Human Geography*, 41(2): 140–58.

Tran, T.H., Le, T.H. and Tran, T.P.D. (2020) Support trafficking victims through inter-agency cooperation in Vietnam: Achievements and limitations. *Asian Journal of Criminology*, 15(4): 321–44.

United Nations (2000) *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organised Crime*. New York: UNODC.

UNODC (2012) *Guidance Note on 'Abuse of a Position of Vulnerability' as a Means of Trafficking in Persons in Article 3 of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime*. Vienna. Available from: https://www.unodc.org/documents/human-trafficking/2012/UNODC_2012_Guidance_Note_-_Abuse_of_a_Position_of_Vulnerability_E.pdf (accessed 5 March 2014).

Wright, N., Jordan, M. and Lazzarino, R. (2021) Interventions to support the mental health of survivors of modern slavery and human trafficking: A systematic review. *International Journal of Social Psychiatry*, 67(8): 1026–34.