Lifelong Wellbeing for Survivors of Sex Trafficking: Collaborative Perspectives From Survivors, Researchers, and Service Providers

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Abstract

This article summarizes a collaborative effort by researchers, service providers, and women who have experienced exploitation and trafficking for sex, to inform policy and practice related to care for survivors. The effort brought together current research program experience from around the world, and survivor perspectives, in a 2015 interactive forum entitled "STREETS of Hope: Listening to and Supporting Survivors of Human Trafficking." A participatory approach to defining wellbeing, designed especially for use with vulnerable or highly marginalized populations of women and girls, provided the framework for the discussions. In addition, attempts were made to use principles of trauma-informed care during the workshop itself, toward the overall goals of 1) working as equals to inform research agendas; 2) gaining insights from survivors to improve services; and 3) providing survivors and all participants with a wellbeing model that can help them think and speak with specificity and clarity about their personal growth, wellbeing, and self-care. The results of the interactive two-day workshop and subsequent consultations included: 1) increased understandings and more detailed descriptions of what wellbeing is from the lived experience of survivors, and 2) insights about ways that services and care can be more responsive to the needs and preferences of survivors. Further, the collective exercise suggested revisions and specifications to the wellbeing model itself. Finally, the collaborators identified future directions for their shared research and practice. Overall, the experience of the "STREETS of Hope Forum" supports the idea that iterative, equitable, collaborative work with survivors must be employed to inform systems of care, and that a dynamic and multi-dimensional concept of wellbeing can help survivors, researchers, program leaders and policy-makers to foster support and agency throughout the life course. For those who participated, "STREETS of Hope" constituted a reframing of the goals of services care. It enabled us to think beyond basic needs and survival as defined by caregivers, to one that centers the experience of survivors and fosters recognition of and realization of their talents and life aspirations.

Keywords

sex trafficking, wellbeing, survivor collaboration, participatory research

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ABSTRACT

This article summarizes a collaborative effort by researchers, service providers, and women who have experienced exploitation and trafficking for sex, to inform policy and practice related to care for survivors. The effort brought together current research program experience from around the world, and survivor perspectives, in a 2015 interactive forum entitled "STREETS of Hope: Listening to and Supporting Survivors of Human Trafficking." A participatory approach to defining wellbeing, designed especially for use with vulnerable or highly marginalized populations of women and girls, provided the framework for the discussions. In addition, attempts were made to use principles of trauma-informed care during the workshop itself, toward the overall goals of 1) working as equals to inform research agendas; 2) gaining insights from survivors to improve services; and 3) providing survivors and all participants with a wellbeing model that can help them think and speak with specificity and clarity about their personal growth, wellbeing, and self-care. The results of the interactive two-day workshop and subsequent consultations included: 1) increased understandings and more detailed descriptions of what wellbeing is from the lived experience of survivors, and 2) insights about ways that services and care can be more responsive to the needs and preferences of survivors. Further, the collective exercise suggested revisions and specifications to the wellbeing model itself. Finally, the collaborators identified future directions for their shared research and practice. Overall, the experience of the "STREETS of Hope Forum" supports the idea that iterative, equitable, collaborative work with survivors must be employed to inform systems of care, and that a dynamic and multi-dimensional concept of wellbeing can help survivors, researchers, program leaders and policy-makers to foster support and agency throughout the life course. For those who participated, "STREETS of Hope" constituted a reframing of the goals of services care. It enabled us to think beyond basic needs and survival as defined by caregivers, to one that centers the experience of survivors and fosters recognition of and realization of their talents and life aspirations.

Research and policy efforts related to exploitation and trafficking for sex emphasize definition, description, and causality of these social conditions with some attention to prevention. Where care for survivors is addressed, much of the research has centered on the identification and immediate needs of survivors, with recommendations for policies and procedures in justice systems, public health, and social work communities. An important area that is less understood and receives little attention is a focus on the wellbeing and thriving of survivors over the life course. There is a gap in the literature, especially concerning survivors who have been out of "the life" for long periods of time. There is a body of work involving former prostitutes (Hedin & Mansson, 2004; McCray, Wesely, & Rasche, 2011), but these studies do not explicitly investigate wellbeing. Because lower levels of positive wellbeing are associated with depression and mental illness, as well as an increase in the probability of all-cause mortality, studying the wellbeing of survivors of sex trafficking is paramount (Keyes, 2009; Keyes & Simoes, 2012).

Despite these negative associations, growing evidence suggests that wellbeing is modifiable (Ruini & Ryff, 2016). In order to facilitate new insights and approaches to support survivors' lifelong wellbeing, it is essential for survivors themselves to be invited to engage in and lead efforts that place their lived experiences at the center of the discussion. Trauma-informed and survivor-led collaborative discussion among survivors, researchers and service agencies has the potential to aid in identifying and specifying the spectrum of care and support survivors need and prefer. Those involved understand trauma and its effects, promote safety and self-care for all involved; engage in cultural competency; support empowerment; share power and governance; integrate care; show that healing happens through relationships; and show recovery is possible (Gerassi & Nichols, 2018, p. 239). Survivor-led collaboration can also provide valuable information about how to improve the current system of care[1], which, while having strengths, may unintentionally stigmatize or retraumatize survivors due to gaps in knowledge or misconceptions (Beck et al., 2015; De Angelis, 2016; Gerassi & Nichols, 2017).

This article presents a collaborative effort designed to inform policy and practice related to the wellbeing of survivors throughout the life course. Through an interactive two-day workshop and subsequent consultations, this effort engaged a network of scholars, practitioners, and survivors, and employed a participatory model of wellbeing that was developed for use with highly marginalized populations of women and girls. Illustrative insights about ways that research, services and care can be more responsive to the needs and preferences of survivors were identified. Further, revisions to the model based on the collaborative process were outlined. Finally, the authors discuss future directions in collaborative work to frame the lived experiences of survivors. They posit that continued, equitable collaborative work can inform systems of care that embrace a dynamic concept of wellbeing, which offers support and choice and the recognition of assets at all levels

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[1] Systems of care may include medical care, agencies supporting short and long-term housing, therapeutic counseling, community-based organizations, social workers, prevention programs, domestic abuse programs, employment services, anti-trafficking coalitions/communities, school counselors, community groups or any other care communities that survivors engage with.

of wellness. Although the article is written with policy makers and service providers in mind, academic circles may also benefit from reading about the collaborative. Also, and importantly, as these collaborations mature they can further explore ways to deconstruct and reframe the social discourse about trafficking so that the life experiences, choices, pain, and suffering of those who have survived human trafficking are understood in the context of healing, justice, and accountability.

Defining the Population of Focus: Legal Definitions and Practical Applications

It is important to consider definitions in relationship to work with the wellbeing of sex trafficking survivors. The United Nations "Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children[2]" defines human trafficking as:

> The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (United Nations General Assembly, 2000).

For adult women definitions can be problematic as there are women who may not receive the rights and protections *via* the legal definition, but who carry the trauma resulting from histories of child exploitation or prostitution (Gerassi & Nichols, 2017). Thus, we cite articles throughout this paper that include experiences of women who may not legally fall under the definition of sex trafficking, but whose wellbeing has been impacted due to experiences involving sex trafficking, sexual exploitation, child exploitation, or prostitution. We recognize that using the word "survivor" has limitations in itself, as experiences and the resulting impacts are very diverse and the women themselves encompass much more than a single term can capture. However, "survivor" and "sex trafficking" are the words that best represent the population referenced here, and were the terms used during the two-day workshop. These terms are used with an understanding that areas of gray exist around these legal definitions and inviting those within those gray areas to utilize the participatory model as well.

The trafficking of women for sexual exploitation cannot be examined separately from the multiple intersections of different forms of oppression that are connected to systems of power and dominance —racism, sexism, homophobia, transphobia, ableism, xenophobia, and classism, which in many cases overlap. Intersectionality (Crenshaw, 1989, 1991) is a framework that examines how these intersecting power systems impact those who are already often marginalized by society. The intersectionality of these oppressions matters not only to recognize the increased vulnerability of some people but also to assist with victim identification and survivorship. This article considers intersectionality as a metaphor to acknowledge multiple forms of discrimination and marginalization that might determine lived experiences of victims and survivors. Although there is no standard

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[2] Also called the Palermo Protocol

of oppressions that determine who is vulnerable for trafficking and exploitation, the intersection of different forms of oppression makes some people more vulnerable than others, including Women of Color, homeless women and children, and those living in poverty. When considering the life course of survivors, it is important to recognize that trafficking and exploitation experiences do not happen in isolation but are instead informed by a variety of vulnerabilities and inequities including histories of sexual abuse (Reid, Baglivio, Piquero, Greenwald, & Epps, 2017; Silbert & Pines, 1981; Sprang & Cole, 2018), gender-based violence or domestic violence (Silverman et al., 2007; Whittier, 2016), poverty (Myint, 2008; Tiano, 2016), globalization (Shelley, 2010); racism (Bryant-Davis & Tummala-Narra, 2017; Nelson-Butler, 2015; Chong, 2014), and adverse childhood experiences (ACEs) (Reid et al., 2017). Because our forum consisted of both national and international representation, we broadly consider both in regards to vulnerabilities.

Globalization has deeply impacted human trafficking (Banerjee, 2003; Clark, 2003; Shelley, 2010). According to Shelley (2010), "Globalization... has facilitated the rise of human trafficking by marginalizing many rural communities, impoverishing women and children in many regions, and accelerating rural to urban migration" (p. 40). Migration and refugee status are impacted by a variety of factors, including degradation of the environment, causing people to seek better employment opportunities. Migrants are particularly vulnerable to trafficking, as are refugees (Clark, 2003; Lijnders & Robinson, 2013; Shelley, 2010; Tiano, 2016; Wilson, 2011). Civil war and political unrest result in the displacement of millions of people, which also places women and children at risk as they are often separated from family protection (Clark, 2003).

Within the United States, adverse experiences such as histories of sexual abuse, being kicked out of the home, or running away from a parent or caregiver are associated with sex trafficking (Cimino et al., 2017; O'Brien, White, & Rizo, 2017; Silbert & Pines, 1981). Silbert and Pines (1981) found that 60% of surveyed juvenile and adult prostitutes were sexually exploited and father figures sexually abused two-thirds of those sampled. ACEs, a term developed by researchers at the Centers for Disease control that encompass childhood experiences associated with adverse outcomes in adulthood (Felitti et al., 1998), are also associated with human trafficking. Among 913 youth involved in the juvenile justice system in Florida, ACE composite scores were more prevalent among the youth who had been victims of human trafficking (Reid et al., 2017). Reid et al. (2017) also found that sexual abuse was the strongest predictor of human trafficking among the 913-youth surveyed. Regarding the commercial sexual exploitation of children (CSEC), it is important to note that familial trafficking exists both in the United States and abroad (Sprang & Cole, 2018). Thus, childhood itself can be a vulnerability. In some cases, these vulnerabilities intersect and build upon each other as victims could face domestic violence, sexual abuse, rape, and prejudice as in the case of the indigenous women in Minnesota involved in prostitution (Farley et al., 2016).

It is important also to consider the role of perpetrators in regard to human trafficking. Stereotypes create narrow views of traffickers as being only "evil-like persons" involved in organized crime (Viuhko, 2017), often failing to acknowledge the role of relatives, friends, or community leaders. During the forum, all of the survivor leaders spoke of perpetrators and their role in their trafficking experiences. As we consider the life course of survivor wellbeing, we are cognizant of the extent to which justice is centered. Without a focus on perpetrators, whether

pimps, family members, or johns, how will justice be served? More research is needed to understand what justice means to each survivor and how the seeking of justice impacts wellbeing.

Defining Wellbeing with and for Survivors: A Participatory Framework of Wellbeing for Women and Girls

The participatory framework used in this collaboration, shown in Figure 1, was developed by researchers at the University of Wisconsin-Madison (Friedson-Rideneour, Kendall, & DiPrete Brown, 2015) and was informed by participatory research and practice in a range of settings including Malawi, Ghana, Honduras, Ecuador, Ethiopia, Kenya and the United States. The framework articulates dimensions of wellbeing, as well as spheres of influence which impact the expression of wellbeing in the lives of individuals and communities. It is intended to be used as a starting point for an iterative, community-led process of discernment and reflection. Because the model was developed with an intentional focus on the lived experiences of historically marginalized populations, and the referent populations were women and children who had experienced poverty, social marginalization, and various forms of violence including gender-based violence and sexual exploitation, it was selected for use as a framework for collaborative study related to the wellbeing of survivors of sexual exploitation.
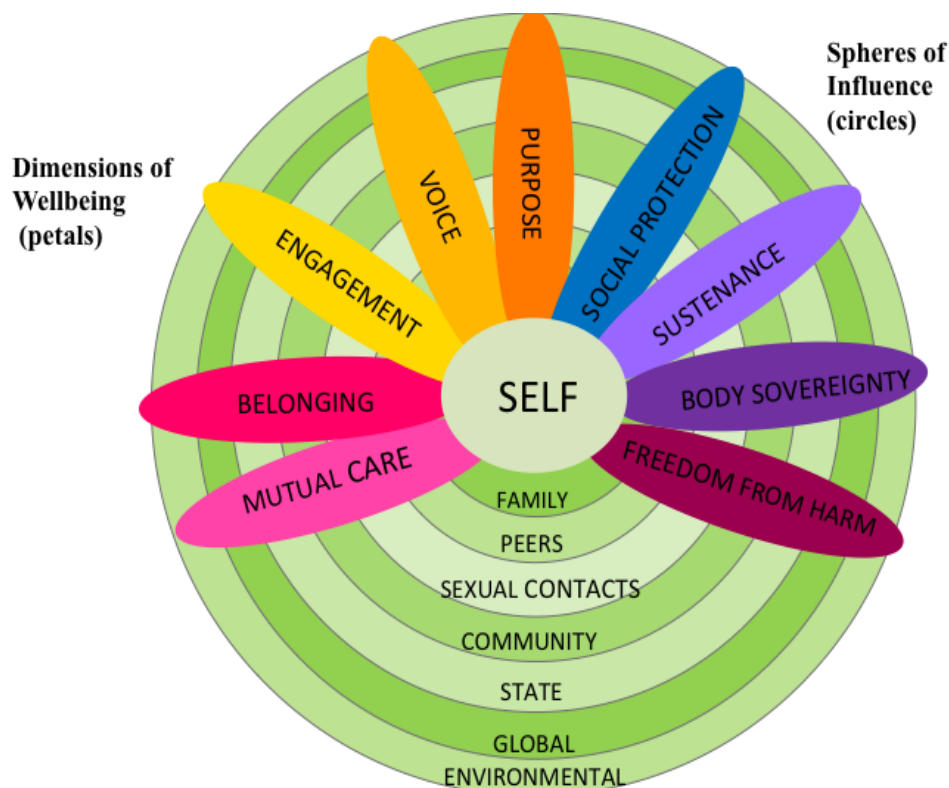
Figure 1. Gender, wellbeing and the ecological commons: A participatory framework Iteration 1.0

Here we describe the key elements of the framework: 1) the dimensions of wellbeing, 2) the spheres of influence, and 3) an iterative process recommended for reflection and analysis.

Dimensions of Wellbeing

According to the Centers for Disease Control and Prevention (CDC), there is a general agreement that at minimum, wellbeing includes the following: presence of positive emotions and moods (*e.g.,* contentment, happiness); the absence of negative emotions (e.g., depression, anxiety); satisfaction with life; fulfillment; and positive functioning (CDC, Well-being Concepts, para.5). Researchers from multiple disciplines have examined different aspects of wellbeing that include physical, economic, social, emotional, and psychological wellbeing; development and activity; life satisfaction; domain-specific satisfaction; and engaging activities and work (Cracolici, Giambona, & Cuffaro, 2013; Cummins, 1995, 2018; Diener, 1984; Dodge, Daly, Huyton, & Sanders, 2012; Headey & Wearing, 1989; Ryff, 2013a). Wellbeing, often also referred to as "quality of life," is multidimensional, which means it encompasses a wide range of dimensions including: material living standards; health; education; activities including work; political voice and governance; social connections and relationships; environment; and personal and economic insecurity (White, Gaines Jr., & Jha, 2012).

The dimensions of wellbeing in the framework above also echo a capabilities approach as articulated by Sen (1993) and Nussbaum (2001). Nussbaum's reflection on the capabilities of female human beings articulates explicitly capabilities such as being able to have good health, adequate nutrition, adequate shelter, opportunities for sexual satisfaction and choice in reproduction, and mobility (Nussbaum, 1995). In addition to avoiding unnecessary or unbeneficial pain, Nussbaum includes positive rights such as the ability to use one's senses fully, being able to live in relation to nature, and the ability to laugh and plan and enjoy recreational activities.

The capabilities approach distinguishes between a human being's freedom to do and to be ('capability') with what they do and are (their "functionings") (Sen, 1999). As Di Tommaso, Shima, Strom, & Bettio (2009) describe:

> In the capability approach, the wellbeing of an individual is evaluated not only in terms of achieved functionings (what people do or are, such as being well fed or adequately sheltered for example) but also in terms of the freedom to choose different functionings (p. 146).

This freedom to choose is closely associated with agency, defined as an individual's capacity to determine and make meaning from their environment through purposeful consciousness and reflective and creative action (Houston, 2010; Parsell, Eggins, & Marston, 2017, p. 238). Choice and agency in work with survivors are particularly important. The victimized portrayals prevalent in anti-trafficking campaigns can inadvertently deny trafficking survivors agency (De Angelis, 2016; Nawyn, Birdal, & Glogower, 2013; Warren, 2012). Further, these portrayals do not express the many ways that trafficking can occur. Gerassi and Nichols (2018) characterize the relationship between agency and trafficking as "complicated, nuanced, and reflecting a myriad of experiences with varying and fluid representations of agency and victimization" (p. 245). Although there may be overarching similarities among survivors of sex trafficking, there are differences as well, based on race, sexual orientation, nationality, religion, culture, ability, age, and so on. Thus, the model strives to foster dialogue, while recognizing that agency and identity itself is fluid and ever transforming. How survivors describe themselves and their experiences, and how they express their own goals and aspirations

can be expected to shift and change over time. Table 1 describes the definitions of the wellness dimensions as first presented in 2015 (DiPrete Brown, 2015).

Table 1. Initial Dimensions of Wellbeing and their Corresponding Guiding Definitions, July 2015 (DiPrete Brown, 2015)

Dimensions	Guiding Definitions
Bodily Sovereignty	Experiences uninterrupted bodily safety, and there is no force or coercion involved in basic actives such as labor, sexual activity, or procurement of food, water, or other basic needs.
Freedom from Harm	Free movement, at all times of day or night, can occur without concern about intentional harms from other persons, or other harms related to substandard conditions in the environment.
Sustenance and Renewal	Basic needs can be met without degradation of environment or resources or a reduction in the capacity to meet basic needs in the future.
Social Protection Across the Life Span	Has access to resources, law, and social norms are arranged so that social security can be expected throughout the life course.
Recognition and Belonging	Experiences a clear sense of identity and belonging in community.
Purpose	Engages in activities with purpose and can identify sources of meaning and joy, and satisfaction.
Engagement	Participates in community through activity that has value for community (economic, social, cultural, etc.).
Voice and Expression	Feels free to express opinions and beliefs and feels that she has a fair end appropriate role in decision making.
Mutual Care	Experiences reciprocity and mutual trust in matters such as caregiving, work, and community leadership.

It is encouraging to note that growing evidence shows that wellbeing is modifiable and that wellbeing interventions in various communities show growth in promoting positive functioning (Fava, Cosci, Guidi, & Tomba, 2017; Fava, Rafanelli, Cazzaro, Conti, & Grandi, 1998; Ruini et al., 2007; Ruini & Fava, 2009, 2012; Ruini & Ryff, 2016; Ryff, 2013b). It is also important to recognize that wellbeing is expected to be dynamic, with ups and downs, for all populations (Busseri & Sadava, 2013).

The consideration of well-being across the life course, and exploration of ways to consider wellbeing and all its nuances, is essential for survivors of sex trafficking because survivors often face significant physical and mental harm that can impact lifelong wellbeing (Acharya & Clark, 2010; Farley *et al.,* 2016; Gerassi, 2015; Lederer & Wetzel, 2014; Muraya & Fry, 2016; Oram, Stöckl, Busza, Howard, & Zimmerman, 2012; Ottisova, Hemmings, Howard, Zimmerman, & Oram, 2016; Raymond & Hughes, 2001; Zimmerman & Pocock, 2013). Survivors may experience physical injuries such as broken bones, genital mutilation, repeated

concussions, and a variety of other injuries, as well as contracting HIV, having chronic headaches, and reproductive health issues (Farley *et al.*, 2016; Lederer & Wetzel, 2014; McCauley, Decker, & Silverman, 2010; Zimmerman et al., 2008). Additional physical illnesses have been documented including malnourishment, poor dental hygiene, hypertension, chronic pain syndromes, and impaired immune functioning (Levine, 2017). Reported mental health concerns include Post-Traumatic Stress Disorder (PTSD), anxiety disorders, depression, low self-esteem, flashbacks, suicidality, and dissociation (Abas *et al.*, 2013; Farley *et al.*, 2016; Kiss, Yun, Pocock, & Zimmerman, 2015; Levine, 2017; Oram et al., 2012; Zimmerman & Pocock, 2013). In a study measuring the mental health of female trafficking survivors in Nepal, those trafficked into sex work had higher levels of anxiety, depression, and PTSD than those trafficking into non-sex related work (Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008).

As noted by Doherty & Morley (2016), trafficking often involves cumulative trauma with many symptoms co-occurring. Survivors may suffer from complex PTSD in which symptoms include re-experiencing, numbing/avoidance, and hyper-arousal (classic PTSD symptoms), as well as difficulties that affect emotional regulation; the capacity to form and maintain relationships; difficulties with attention and concentration; and difficulties with beliefs about the self, the world, and others (Doherty & Morley, 2016, p. 125; Levine, 2017; Zimmerman & Pocock, 2013). There is growing evidence that the symptoms of depression, anxiety, and PTSD persist over time (Doherty & Morley, 2016; Hossain, Zimmerman, Abas, Light, & Watts, 2010). Also, survivors of sex trafficking may become addicted to drugs, cigarettes or alcohol in response to their trafficking experience or during their trafficking experience (Gibbons & Stoklosa, 2016; Levine, 2017). Additionally, survivors may face heightened chronic stressors such as a lack of basic needs like food, water, safe housing, employment, and health or dental care (Gerassi & Nichols, 2017). Economic difficulties also impact survivors and their families due to limited job training programs (Richardson, Poudel, & Laurie, 2009; Surtees, 2012; Tsai, 2017a, 2017b) and the social stigma survivors often face within their communities (Tsai, 2017b). These factors, as well as missed work to attend to chronic mental and physical health needs, can impact long-term employment leading to financial difficulties for survivors and their families. These immediate and long-term results of trauma demand that more advocacy is needed to ensure that there is a focus on the wellbeing of sex trafficking survivors throughout the life course. The goal for all, including populations who have experienced abuse or trauma, should be support for all functioning at all stages of wellbeing.

Spheres of Influence

The spheres of influence specified in the Figure 1 are represented by green circles include self, family, peers, sexual contacts, community, state, global and environmental. These reflect a number of theoretical foundations commonly used to develop social-ecological interventions in health, education, and social welfare. One foundational theory is the Ecological System's Theory (Bronfenbrenner, 1977; Bronfenbrenner & Ceci, 1994), which recognizes the interplay between self and social dimensions of society. The spheres of influence we developed in reference to work in the realm of public health, which includes innate traits; individual behavior; social family and community networks; living and working conditions; and broad social, economic, cultural, health and environmental conditions as well as policies at all levels (Institute of Medicine, 2003). Important also was the conceptual framework of the ecological commons (Flanagan, Byington, Gallay, & Sambo,

2016) which underscores the role of civic engagement, collective action, and social participation for both individual and community wellbeing. Reflection on these models and their experience working with women and girls resulted in a synthesis framework in which peers and sexual contacts were highlighted as spheres that needed focused analysis and reflection, along with, but also distinct from, the realms of family and community. Similarly, the researchers felt that state, global and environmental realms should be thought about specifically, rather than included together. Although these partitions are always somewhat arbitrary, and in practice the spheres of influence interact and overlap, the researchers felt that the additional emphasis that the selected boundaries permit are appropriate for populations that experience social marginalization, gender-based violence, and sexual exploitation.

The participatory framework helps to examine the confluence and tensions within and between microsystems (such as family and peers) as well as exosystems (such as public policy, community, and the environment) regarding human trafficking survivor wellbeing. Questions to consider include: To what extent do these systems nourish or diminish survivor wellbeing throughout the lifespan? What do survivors need from the systems that influence them? What do they need to meet their goals in the systems that they influence? Perhaps most important in the evoking of this framework is the reminder that the responsibility for change must be distributed throughout the system and not the sole burden of survivors or victims of abuse. Although strategies for individuals can be helpful, it is a matter of justice and ethics that supportive environments and services are offered from the community and society as well. Examples of heroic resilience by survivors are often promulgated in the media and social discourse; it is important, however, that these examples, though laudable, not overshadow the need for collective responsibility and action to provide support, care, protection, and prevention whenever they are appropriate.

An Iterative Process of Reflection and Analysis

To improve the quality of life for women and other marginalized groups, it is imperative to understand wellbeing as women themselves define it, both individually and collectively. An ongoing iterative process is essential to ensure accurate representation of ideas and movement toward deeper more contextualized understandings of wellbeing. Figure 2 describes the iterative process. Although much of the initial model development centered on research conducted internationally, prior to the workshop, the model was informed by a relationship with local women's agencies and local human trafficking agencies within Wisconsin in both rural and urban areas in which well-being was discussed informally and formally. Additionally, the model was presented in Washington D.C. to stakeholders working in the area of human trafficking policy. This feedback from small groups of survivors, as well as policy makers within the United States, helped to test the model in a U.S. context prior to holding the workshop.

Principles of community-based participatory action research (CBPR) played a large role in determining how the model would be used (Cacari-Stone, Wallerstein, Garcia, & Minkler, 2014; Collins *et al.*, 2018; Israel *et al.*, 2010; Israel, Eng, Schulz, & Parker, 2012; Israel, Schulz, Parker, & Becker, 1998; Jagosh *et al.*, 2012; Wallerstein & Duran, 2010). CBPR is a partnership approach to research involving the participation of those affected by an issue (Israel et al., 2012). The aim is that all partners will contribute their expertise and have a voice in decision-making (Israel et al., 1998). There is growing evidence that CBPR is a viable approach to eliminating disparities in such fields as health, social services, and public policy (Amendola, Nazario, & Sanchez, 2016; Collins *et al.*, 2018; Israel *et al.*, 2010). A key aspect of CBPR is recognizing power dynamics involved within research relationships involving communities that face marginalization and inequities (Muhammad *et al.*, 2015).
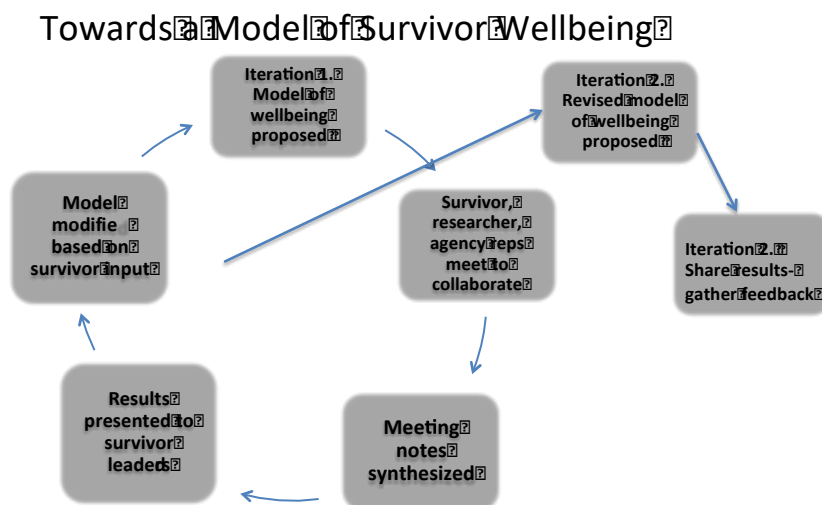
Towards a Model of Survivor Wellbeing

Figure 2. Designing a model of wellbeing with survivor and key stakeholder input. The collaborative process to date.

To fully reflect the lived experiences of participants and at the same time benefit from the insights of prior work, it is recommended that participatory efforts to explore wellbeing begin with a multi-step process that begins with unprompted listening sessions in which participants identify the quality of wellbeing from their own experiences through collective reflection without prompting. Next, the participants have the opportunity to reflect on their experiences with the help of a framework that itself is grounded in the lived experiences of women (DiPrete Brown, 2015). In using the participatory framework with sex trafficking survivors, we hoped that by defining wellbeing individually, then in a group process, and then with community partners, we could begin the process of creating better lifelong support for survivors of sex trafficking.

The framework is an evolving concept rooted in shared experiences with others in community; thus, the language of the definitions may evolve as part of the translational process that can occur within small groups of local experts prior to use within specific communities. Groups may modify the definitions based on specific contextual needs, such as literacy or cultural considerations.

While the model attempts to center survivor voices and experiences, power relationships need to be considered when utilizing the model itself. As the team of collaborators explored how to use the model to support care for survivors a number of important questions had to be considered. How can this collaborative research ensure that survivor voices are not co-opted, idealized, or essentialized? How can true listening and hearing occur? What can be co-produced regarding the evaluation of wellbeing? While there are no easy answers to these questions, a few core principles included a focus on long-term collaborations that allow for the development of relationships, along with ongoing and transparent reflection about communication, can reduce the likelihood of distortion. Also, the ongoing iterative process means that the work remains open to comment and critique and revision indefinitely. Further strategies to optimize the use of the wellbeing model are outlined in the methods section below.

METHODS

Social Transformations to End Exploitation and Trafficking for Sex (STREETS) at UW-Madison engages in education, advocacy, and policy efforts in Wisconsin and around the world. In July of 2015, STREETS hosted the "STREETS of Hope Forum: Listening to and Supporting Survivors of Human Trafficking" to bring together researchers, practitioners, and survivors to explore strategies to support the short and long-term wellbeing of survivors. This interactive workshop used a participatory joint learning strategy where researchers, practitioners, and survivors shared experiences through presentations and readings, and then had structured conversations about wellbeing, using the model outlined in Figure 1 and Table 1, in order to define wellbeing for survivors and draw implications for services and support. This section describes the approach to the selection of participants, outlines the forum presentations, and describes the participatory exercises related to wellbeing, along with some trauma-informed strategies used during the forum. Also presented are the methods for collection and recording of qualitative data, and methods used for analysis and synthesis, follow up consultation, and revision.

Selection of Participants

Forty-nine (49) participants including local and national survivor leaders, international NGO leaders, lawyers, physicians, global health researchers, and graduate students participated in the forum. Participant selection was not random; rather, participants were drawn from colleagues and survivors who had worked previously with STREETS co-directors, Araceli Alonso and Jean Geran. Alonso and Geran are both experienced researchers and policy advocates in local and international sex trafficking. Geran worked for the U.S. Department of State in the human rights bureau and policy planning covering human trafficking and related issues at the global policy level. This included editing the Department's Annual Trafficking in Persons Report for specific countries in Asia and global policy from 2001-2008. Alonso has vast experience in women's health and human trafficking, particularly in Spain and East and West Africa, and was a member of one of the first small cohorts to identify and address human trafficking in the state of Wisconsin. Forum participants were specifically selected from these networks for their proven leadership and effective efforts to confront sex trafficking locally and globally. Alonso and Geran brought participants from a number of sites in Wisconsin and statewide advocacy groups, as well as international participants from Spain, Cambodia,

Japan, and Korea. Prior collaboration and relationships were important to creating a safe space for the intended discussions and helped to minimize power differentials to the extent possible. Organizers reasoned that this conversation could be initially imbedded in ongoing-shared work and later be enlarged to include others. Because the participants were selected based on previous working relationships or referrals from those within the STREETS network, no sampling method was used

This is a convenience sample that emphasizes heterogeneous contexts and a good distribution of voices that included survivors, representatives from survivor support networks, those working in the legal and health fields, as well as academics. This study did not use a randomization strategy; we do not claim representativeness as we sought a heterogeneous breadth. Because the participants were selected based on previous working relationships or referrals from those within the STREETS network, we acknowledge that there is selection bias in this process. However, the co-directors worked to invite speakers who differed in perspectives. Even among participants from large international organizations, their ideas on how to define and measure wellbeing differed in their presentations. The intention was to gather a variety of ideas from a variety of sources and backgrounds, as diversity in thinking is necessary for further development of the model.

Workshop Content

The forum included formal presentations by three survivor leaders, Christine Stark, Rebecca Bender, and Shamere McKenzie who had been recommended by other leaders within the STREETS network. The forum also included three presentations related to care and advocacy in Wisconsin and five presentations related to international programs, that featured a range of strategies and approaches. These presentations and related discussions above provided a context for the core activities of the forum which were two participatory exercises related to wellbeing. During these activities, researchers, practitioners, and survivors would explore concepts and strategies together, alternatively sharing, envisioning, critiquing, and questioning related to lifelong wellbeing for survivors. Participants received an agenda and background reading materials in advance of the meeting. Survivor leaders had an opportunity to contribute to and comment on the agenda in advance of the meeting as well. Conference proceedings are summarized in a report entitled "Towards Lifelong Support and Wellbeing for Survivors of Sex Trafficking: A Report of the 4W STREETS of Hope Forum" (Bintliff and DiPrete Brown, forthcoming).

As in many academic meetings, the organizers endorsed none of the presentations, but they were selected, in part, because survivors had differing perspectives on supporting survivors across the life course. Stark, Bender, and McKenzie had not been involved in the design of the model itself, but had discussed the workshop proceedings with the STREETS co-directors both via the telephone prior to the event and during the welcome dinner. They were invited to present and to be leaders during small group breakout sessions in which the model was discussed. During the meeting, additional participants from the research or practitioner community disclosed experiences of sexual violence or exploitation and drew from these experiences in their contributions to the group work.

Participatory Strategies

In order to facilitate the development of relationships, communication, and full participation, and to offset some of the negative impacts of differences in power and privilege among participants, the forum began with a welcome dinner at the home of one of the program organizers. This set a tone of hospitality, reciprocal respect, and dignity for the days that were to follow.

Before the forum, participants were pre-assigned to small working groups that included researchers, practitioners, and at least one survivor. Survivor presenters were invited to facilitate the small group discussions. All three presenters agreed with this arrangement. Prior to guiding the small group activity, an overview of the activity was provided for the whole group (DiPrete Brown, 2015). Extensive training on small group facilitation was not provided for the survivor leaders; instead, the organizers allowed survivors to lead the conversations in a way that felt natural to them with the workshop organizers free to walk around and step in if there were questions. In hindsight, a brief training may have been helpful so that all small group facilitators learned a few strategies to help engage all voices at the table. Thus we recommend training with all group facilitators prior to engaging in the dialogue. Graduate students served as scribes throughout the form, documenting both the presentations and the interactions of the small working groups. All participants were made aware of the intention to publish summaries of their presentations and synthesis of the small group work in the form of conference proceedings report and an academic publication.

The first participatory exercise took place on the first day of the forum, prior to the presentation of the wellbeing framework. Small groups were asked to discuss the following questions: "What are the most important dimensions of wellbeing and empowerment for survivors?" What are good or better care practices that can support survivor wellbeing?

The second participatory exercise took place on the second day of the forum. Participants were introduced to the wellbeing framework, and then the small working groups completed matrices for each of the dimensions of wellbeing. This exercise invited the working groups to envision full wellbeing and thriving. It is a complement, and perhaps even counterpoint, to a problem-solving mindset because it allows the group to be aspirational about what is possible from the point of view of the lived experiences of survivors. The workshop intentionally addressed wellbeing in this different way, hoping that it would elicit different insights that could guide efforts to improve care and services and give voice to the dignity, hope, and potential of survivors in ways that health care, social service, and criminal justice perspectives do not. Table 2 is an example of a blank matrix worksheet completed by each working group for each separate dimension of wellbeing.

Table 2. Example of a blank matrix worksheet completed for each dimension of wellbeing

Dimension	What do wellbeing and empower-ment look like?	How could this be measured?
Self		
Family and kin		
Peers		
Sexual Contacts		
Community		
State		
Global		
Environmental		

The Forum leaders also realized that the planned dialogue would require a high amount of mental and emotional energy. They incorporated an arts component in the forum to facilitate self-expression, reduce stress, and create additional opportunities for exchange among participants (Klebesadel & Parks Snider, 2015). The art was displayed collectively in an exhibit for the community. We mention the art component here as all participants responded favorably to the art integration in their closing feedback form.

Qualitative Data Collection and Analysis

Scribe notes were first synthesized (combining multiple scribe notes into one document) and then analyzed using the following questions:

- What are the most important dimensions of wellbeing and empowerment for survivors?

- How do these important dimensions relate to the first iteration of the model?

- How can survivor wellbeing be measured?

The research team analyzed the responses using descriptive coding (Saldaña, 2016, pp. 102–103). Descriptive codes summarize the basic topic of a passage of qualitative data (Saldaña, 2016, p. 102). Descriptive coding was done by hand using the scribe notes and worksheets that were turned in by each working group. The descriptive codes were manually applied with each code receiving a different high-lighted color. The codes were then cut into strips and color-coded. Any descriptive code resulting from multiple working groups was marked with asterisks to show which ideas were repeated. These descriptive codes were then used to interrogate the model to ensure that the model captured these key concepts. An example of

seven descriptive codes and how they were aligned with existing dimensions can be seen in Figure 3.

Figure 3. How did descriptive codes of group responses (squares) regarding important dimensions of wellbeing compare to the first iteration of the participatory model (circles)?
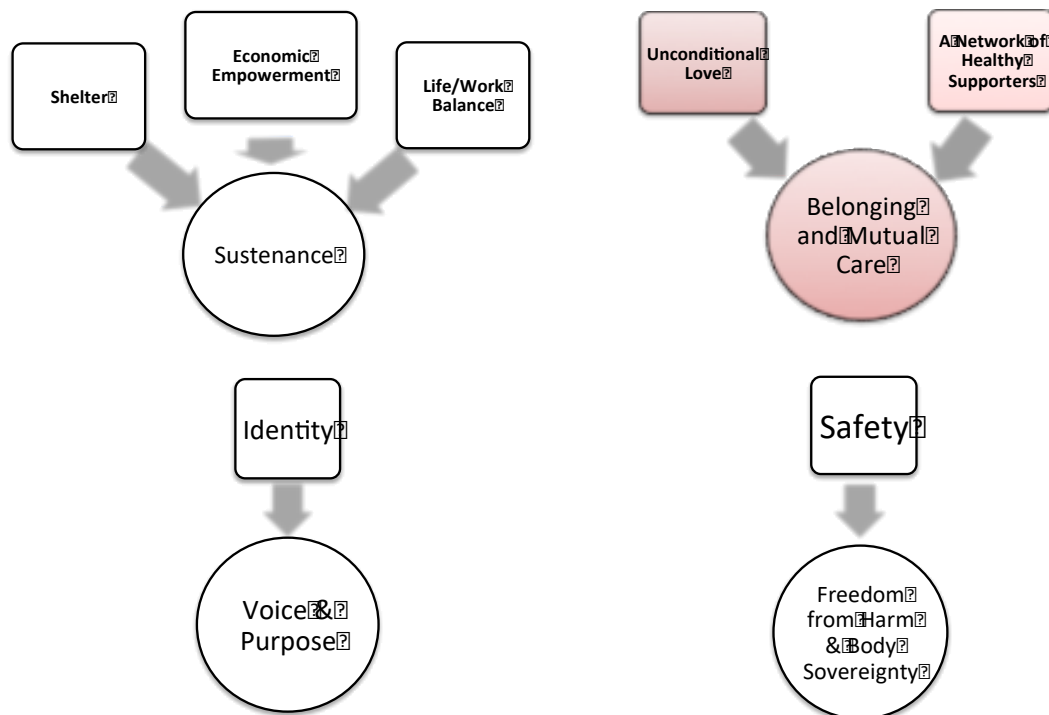
Any strips that were left over were interrogated through conversation in small groups to see if those strips warranted creating any new dimensions of wellbeing. Through this analysis, as well as through follow-up conversations, the model was changed to include two additional dimensions.

Post-Forum Consultation and Review: Upon the completion of analyzing the written documents, in January of 2017 a focused interview was conducted with survivor leaders who participated in the forum (Merton, Fiske, & Kendall, 1956). Because this sample was purposively selected, we recognize the bias involved in interpreting data from limited sources (Morgan, 1997); however, we believed the first step in analyzing our synthesized notes, as well as the model, was to hear from survivors who participated in the process prior to extending the model into larger communities. This process also allowed for member checking, and reciprocity through the continued input and leadership of survivor participants (Harrison, Macgibbon, & Morton, 2001). Survivors who presented at the forum were e-mailed an invitation to participate in the paid focus interviews held via Skype. Two survivors were able to participate, along with two researchers, and two graduate students. Prior to the meeting, survivors were e-mailed conference notes and a diagram of the first iteration of the model. The guiding questions of the focus group were:

▪ What is your overall response to the information gathered?

▪ What aspect or quality of a survivor experience is missing? Is anything overemphasized?

- Does the visual of the model capture key aspects of wellbeing to you? Are there aspects of wellbeing that should be considered as additions to the participatory framework?

- What are the benefits or drawbacks of using this participatory framework in a survivor context (a support agency, a survivor leader forum, neighborhoods/community centers, etc.)?

A graduate student and professor who both participated in the forum moderated the focus group. Upon survivor agreement, two graduate students acted as scribes so that the transcripts could be analyzed. The transcripts were read twice and were then coded using In Vivo codes (Saldaña, 2016). In Vivo codes are short phrases from the actual language found in the qualitative data record (Saldaña, 2016, p.105). The codes were then condensed into themes (Saldaña, 2016). According to DeSantis & Ugarizza (2000), a theme is, "an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole" (p. 362). The research team then asked, "Are these themes represented in the participatory framework? If so, in what way?" If a theme was not represented in the first iteration of the framework, it was noted so that it could be discussed during groups meetings, discussions with the survivors, and then ultimately represented in the second iteration of the framework if further feedback confirmed its importance.

Authorship

The final methodological consideration involved the way the information was represented. Because the project is informed by community-based participatory methods, we sought to engage survivors in the way that the work was represented and disseminated. Working to provide equitable partnerships throughout a project is a key ingredient of community-based participatory methods (Vaughn, Jacquez, & Zhen-Duan, 2018). Survivors who presented at the summit were e-mailed an invitation to be co-writers in this publication. The resultant author team represents a cross-section of the workshop participants, a graduate student who attended the forum and conducts research related to human trafficking and related vulnerabilities, a survivor who presented at the forum, who is a researcher and author, a public health scholar who was one co-designers of the wellbeing framework and developed the interactive workshop approach, and a women's studies scholar with over a decade of experience with survivors of sex trafficking who had been a lead architect of the overall STREETS initiative.

RESULTS

The interactive workshop and follow up consultation led to results in four areas. First, the group produced a preliminary articular of important dimensions of wellbeing for survivors and related good and desirable practices. Second, the group used the wellbeing framework presented in the forum to describe and articulate wellbeing for survivors across the life course. Third, the forum led to insights about the model itself and how it might be revised or adapted to better serve the needs of survivors. Finally, the experience led to some insights about the participatory process itself, which were summarized for future use. Each of these results is presented in turn below.

Dimensions of Wellbeing and Good Practices

During the first participatory exercise working groups identified safety, economic empowerment, shelter, support networks, and respect for one's identity as critical for wellbeing. When asked to describe corresponding "better practices" they offered suggestions about the care and support setting, critical services, communication strategies, and more. It is important to note that while the emphasis of the activity was on positive framing of best practices, the exercise gave participants an opportunity to reflect on ways that systems of care can do harm. Although some "better practices" were identified based on experiences with effective care and response, it was often the case that the identification of a problem or challenge faced by a survivor on the context of care (by social workers, medical professionals, police officers, or others) led to formulation of "better practices."

Table 3 summarizes themes and corresponding examples that were coded from the discussion notes. For example, when considering *Safety*, participants described a better practice as one that is, "survivor informed and survivor-centered." This was defined as a place where survivor voices are validated and where programming is informed by the lived experiences and perspectives of survivors. Examples are provided for each of the five dimensions named by participants.

In Vivo coding supported synthesis and summary of participant contributions. For example, repeated words such as "more than a survivor," reveals that working group discussions stressed that survivors and allies must move away from a victim-focused approach to a "survivor" mentality that recognizes the survivor as a person who is multidimensional and capable of agency. "Listening" is another In Vivo code that developed into a theme that was mentioned by nearly every working group. It is recommended that agency staff listen well to each survivor so that they can meet the needs and wants of the survivor, not just what the agency thinks the survivor needs. Additionally, "safety" means not pressuring survivors to speak about their own experiences to avoid the trauma of retelling. Additional dimensions of wellbeing that were generated by a single group include: 1) health; 2) unconditional love; 3) education; 4) balance; and 5) agency based on cultural context.

Family relationships were highlighted as an aspect of wellbeing that was particularly challenging and difficult to maneuver. One group described times when agencies set unrealistic expectations about survivors returning to their families and when it does not work out, survivors say, "Let me just go back to the old life." Experienced case managers need to recognize the individual complexity within each family dynamic. Survivors need education, support, and practical tools on how to maintain healthy boundaries, especially if they are choosing to return to families and neighborhood structures that precipitated, maintained, offended, or benefitted from the survivor's trafficking experience. One group suggested considering the question, "What's normal for this family?" and then supporting the survivor in negotiating perspective taking that allow them to benefit from connections to positive aspects of their history while at the same time learning practices and negotiating boundaries that are needed to be safe and healthy.

Table 3. Results from Working Group Discussions Led by Survivor Leaders. Responses to the question, "What are the most important dimensions of wellbeing and empowerment for survivors? Multiple groups mentioned each of the themes located in the left column. The right column includes elicited examples.

Theme	Examples
Safety	• Survivor informed & survivor-centered • Have a safe place where survivors can meet and talk • Coordinate services-mental health, domestic violence, homelessness • Do not push survivors to tell their stories--safety first
Economic Empowerment	• Community resources about employment support and marketable skills • Provide professional training
Shelter	• Survivors want a place with basic needs that they can call their own. • Longevity in housing
A Network of Healthy Supporters	• Ask, "Who are your support people?" vs. "Who are your family?" • Model "healthy" support • Ask open-ended questions to identify what support system the person needs
Identity	• Ask open-ended and general questions • Treat identity as distinctive from health • Facilitate discussions and activities around a survivor's sense of purpose • Allow for voice and expression • Have survivors lead the mission and values of the organization

Additionally, multiple groups reported that survivors face challenges in exploring, finding, and naming aspects of their identities. Survivors should have the space to be able to identify, determine, and actualize who they are. Survivor allies and support agencies need to understand the diversity within survivor contexts and that, as one group reported, "There is no monolithic group of 'survivors'--experiences differ based on gender, country of origin, ethnicity, sexual orientation, and race." Hierarchical systems of oppression within historically marginalized populations further stigmatize survivors who may belong to multiple identity groups in which marginalization occurs (see Farley et al., 2016 for examples of historical marginalization compounding vulnerabilities within populations of indigenous women via trafficking and prostitution). It is helpful for survivor support agencies, activists, and health care systems to have training on the compounded

vulnerabilities within historically marginalized populations so they can respond to signs of racism or homophobia, for example, that could impact the identity development of survivors.

Groups also reported that the word "success" should be defined and measured by each individual. As stated in working group notes, "It has to be a new normal for her." This includes asking survivors which examples of success are more salient-individual identity/success or group identity/success- as multiple cultural and national beliefs and values may guide this conversation. Finally, discussion around the term "survivor" itself ensued. One group reported, "Some people don't want to be identified as a 'survivor'--we need to allow people to identify the way that they want to be identified."

Trauma recovery and access to therapy were also reported as a concern. Many survivors and agencies felt that the focus is on "basic needs," so much so, that it is difficult for people to have access to continued care, especially psychotherapy, after leaving an initial support agency. All survivors present explained that there were long-lasting psychological and physical results from their experiences and that the focus on initial needs left them with varying levels of long-term medical or mental health support. In cases where survivors are returning to rural areas or reservations, this lack of support is particularly difficult to manage. It is recognized that some interventions and therapies work at different points of healing; there is often a difficulty matching the therapy and intervention to the needed time frame or cultural needs. In cases where there are financial, mobility and health care limitations. Our participants felt that survivors should have choices in selecting and modifying their treatment plans.

Challenges include: a lack of access to housing and sobriety support; secondary abuse by caregivers; and social stigma. International aid organizations, as well as domestic organizations at the forum, reported social stigmas within communities that deem survivors as "less than," "dirty" or "unpure." These social stigmas exist in varying forms based on culture and may cause some survivor-desired family reunification processes to be unsuccessful. Shifting social stigma via education becomes important. It is also important to note that although mental health care was discussed in Table 3, not all survivors have access to counseling or therapy and even if therapy were affordable, not every survivor would choose to utilize Western therapeutic services, as those services may conflict with cultural beliefs or indigenous forms of healing.

Once the results from this activity were synthesized, the research team evaluated the results and compared it to the participatory framework as seen in Figure 2. This activity informed the second iteration of the model and prompted discussions as to whether or not "shelter" would be considered "sustenance" or a "basic need." Further work with additional community members informed decisions to add a dimension called "Basic Support for Health and Life" to clarify this distinction.

Envisioning Wellbeing

On the second full day of the forum participants were introduced to the participatory framework and then each survivor-led working group completed a matrix for each dimension. This exercise invited the working groups to envision full wellbeing and thriving for each dimension, and to consider how that aspect of wellbeing might be measured. The results from each working group were then

combined. In Table 4 and Table 5 we share selected examples of two completed matrices for the following dimensions: "Freedom from Harm" and "Bodily Sovereignty." The matrix for each dimension are listed in Appendix A.

Table 3 lists results from working group answers for "Freedom from Harm". The questions to individual survivors, "What does protection look like?" and "Do you feel respected?" could aid in providing quality service to survivors across the life course. One survivor wrote, "Mutual respect is everything. I am much more likely to participate if I feel respected." Because needs for both protection and respect may differ from survivor to survivor, an agency focus group may help agencies determine what policies, attitudes, or programming can support "Freedom from Harm" in context. Another interesting result is that "Survivor led initiatives-when appropriate" is listed under community. Who determines what is appropriate? If a survivor approached a community and wanted to begin an initiative, how could appropriateness be defined? Is this based on aligning and matching goals or community needs? Safety for the survivor is always a priority, of course, but there may also be preconceived judgments attached to the word "appropriateness" that are limiting survivor participation. More cross community-survivor dialogue and research are needed to determine what appropriateness looks like in a community context. As previously mentioned, the ability to choose family with intention, versus only based on blood relations, is something the working groups felt was highly important to "Freedom from Harm."

Table 4. Results of the Matrix Activity with the Dimension: *Freedom from Harm*

What do wellbeing and empowerment look like to a survivor?		How could this be measured?
Self	Physical safety in living situation Survivor input on "What does protection look like?"	Define physical safety and measure Pre-post survey on mental control issues Survivor survey: "Do you feel respected?"
Family/Kin	Identifies safe family and kin /intentional family	Ask a survivor. Provider helps define "safe". Provider exposed to good modeling for safe relationships.
Peers	Chooses and identifies those with shared experiences who are affirming Defines "peer"	Survivor identifies and then re-assess after time together Survivor creates own checklist of what constitutes positive influence
Sexual Contacts	Identifies sexual partner(s) who does not dominate—needs and safety are primary	Reflect on list that defined healthy partner Learn how to hold partner to healthy standard
Community	Medical, housing and legal protections Educated and informed communities Survivor-led initiative (when appropriate)	Length of time at one placement and the number of beds Awareness events (pre- and post-tests at events) Number of agencies collaborating
State	Survivor-friendly legal system Database systems that collaborate/coordinate	Number of arrests, convictions, sentences, etc. Repetition of contacting services
Global	Agencies recognize cultural differences Enforce laws to end demand	Percentages of community companies involved in fair trade Percentage of global convictions
Environmental	Support fair trade when able	Percentage of community companies involved in fair trade

Table 5. Results of the Matrix Activity with the Dimension: *Bodily Sovereignty*

What do wellbeing and empowerment look like to a survivor?		**How could this be measured?**
Self	Sense of being in one's own body Ability to look the way you want to look Ability to eat without having to do something for it Freedom from self-harm	Self-report Trauma-measures regarding dissociation
Family/Kin	Privacy; Own sleeping space for oneself and one's children	Self-report
Peers	Freedom from bullying-whether physical, sexual or verbal assault; Free of sexual harassment Free of microaggressions[3] related to gender, race, identity, ability, sexual orientation, etc. Free from pressure to self-expose (especially related to Internet cybersecurity)	Self-report
Sexual Contacts	Sex is chosen for one's gratification, not to meet one's needs Ability to choose one's sexual partner and consent to each sexual act Ability to use contraception	Self-report
Community	Access to reproductive health services Enforcement of laws related to bodily sovereignty	Number of agencies collaborating Record access to health services-is everyone getting the services they need? If not, why?
State	Laws that support sovereignty	Number of arrests, convictions, sentences, etc.
Global	*No answer provided	*No answer provided
Environmental	*No answer provided	*No answer provided

As shown in Table 5, participants reported that "Body Sovereignty" includes freedom from bullying, harassment, and microaggressions among groups of peers.

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[3] "Microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults towards people of color." (Sue et al., 2007). Microaggressions can happen towards any marginalized or oppressed community.

Research in both trafficking and prostitution literature suggests that healthy inter-personal relationships, such as survivor-to-survivor mentorship and strong support systems, build resiliency, especially regarding prevention and direct recovery (Hedin & Mansson, 2004; O'Brien et al., 2017). Much less is known about peer relationships across the life course. This facilitates a new line of inquiry, "How do survivor-peer relationships change across the life course?" and "What are the joys and challenges of peer relationships for survivors?"

To note, Table 5 also shows that at times, no answers were provided for "Global" and "Environmental" spheres. These were the spheres of influence that were most commonly left blank. As facilitators, this shows that more time may have been needed to define these spheres of influence and discuss them prior to beginning the exercise.

Overall, the exercise led to insights about how to create systems that give survivors more choices and opportunities. These conversations can also be a gradual source of systemic change, where the desired outcome and expectation would be to optimize the growth and thriving that is possible for individual survivors, even when psychosocial challenges persist or return in cycles. These exercises can be viewed as a starting point toward the development of survivor-informed standards of care which are grounded in a fully conceptualized notion of wellbeing and thriving.

Revising the Model with Survivor Input

In January of 2017 survivor leaders from the first forum were invited to participate in a follow-up conversation in which they reviewed the initial findings and the model of wellbeing. Two survivors were able to participate in a 60-minute conversation held *via* Skype. An undergraduate student acted as a scribe in the process. The model was changed based on survivor feedback. The changes included specifications in relation to the notion of "self" and the revision of the dimensions of well-being. Updates to the model can be seen in Figure 4.

The Self in Context

One important change between the first iteration and the second iteration has been the change to the center of the model. In the second iteration, surrounding the term "self" are four important concepts: identities, place, culture, and time. "Identities" recognizes that an individual self-contains a variety of identities such as familial roles, career/vocational roles, gender identities, religious identities, tribal identities, and others, that all makeup who we are. These facets to our self can shift based on the context in which we are situated. There are times when one identity may be more salient than others out of necessity, timing, or interest.
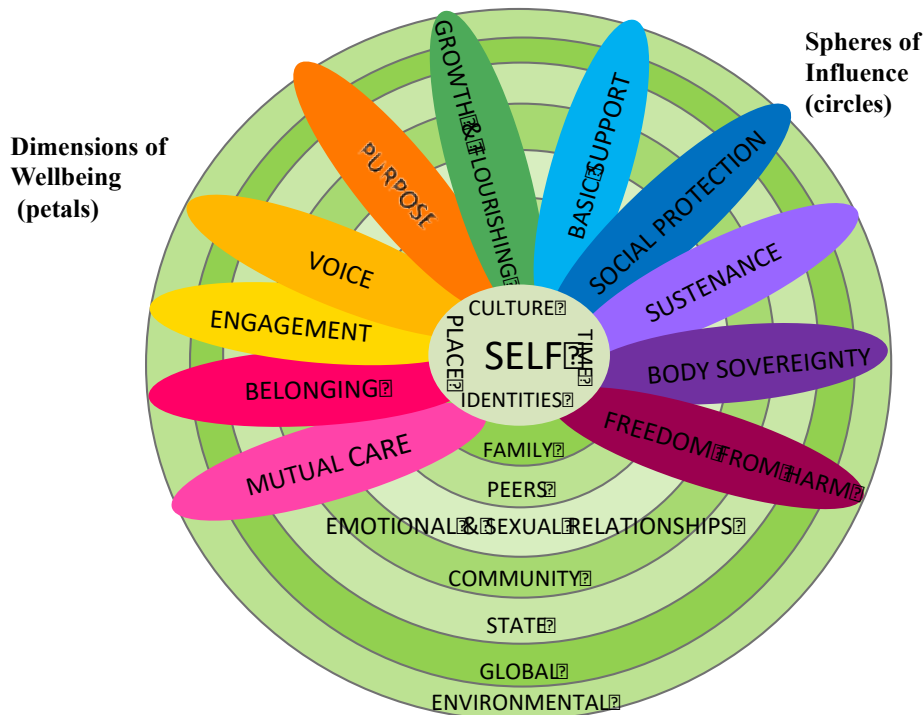
Figure 4. **Gender, wellbeing and the ecological commons: A participatory framework (Iteration 2.0)**

Through our conversation with survivors from the forum, as well as work with survivors in other areas of the world, such as Spain, we received important feedback regarding the need for "culture" to be represented in the diagram. Culture has many diverse definitions, but for the sake of this paper, we will refer to culture as "a set of attitudes, values, beliefs, and behaviors shared by a group of people, but different for each individual, communicated from one generation to the next" (Matsumoto, 1996). Cultural, religious/spiritual, and societal structures greatly impact understandings and definitions of wellbeing.

A connection to "place" is also referenced surrounding the individual. The connection to place, or the land to which we are linked to, has significant effects on the wellbeing of individuals especially those within indigenous communities (Kingsley, Townsend, Henderson-Wilson, & Bolam, 2013). Additionally, those with transgenerational traumas related to forced removal from land, such as African Americans within the United States whose historical ancestry involved human trafficking in the form of slavery, or indigenous communities who have seen generations of forced removal from lands throughout the globe, historical trauma can impact wellbeing (Goodkind, Hess, Gorman, & Parker, 2012; Hill, Lau, & Sue, 2010; Wirihana & Smith, 2014).

The insights from survivors are supported by Elder's Life Course Theory (1998). Elder (1998) states: "Historical forces shape the social trajectories of family, education, and work, and they in turn influence behavior and particular lines of development. Some individuals are able to select the paths they follow, a phenomenon known as human agency, but these choices are not made in a social vacuum. All life choices are contingent on the opportunities and constraints of social structure and culture" (p. 2). Life Course Theory principles are:

- Principle 1: historical time and place: the life course of individuals is embedded in and shaped by the historical times and places they experience over their lifetime.

- Principle 2: Timing in lives: the developmental impact of a succession of life transitions or events is contingent on when they occur in a person's life.

- Principle 3: linked lives: lives are lived interdependently, and social and historical influences are expressed through this network of shared relationships

- Principle 4: human agency states that individuals construct their life course through the choices and actions they take within the opportunities and constraints of history and social circumstances (Elder, 1998, p. 3-5).

Life Course Theory provides a framework to use when considering the events and systems, both historical and modern, allowing people to be treated as commodities. It also reminds us of the constraints and risk factors along the life course of survivorship such as having felony convictions on a record that may impact employment. Linked lives become valuable to consider as the workshop itself set the stage for making connections and recognizing how stakeholders are interdependently connected with survivors and are working to eradicate sex trafficking, but who may be blind to other oppressions linked to trafficking.

Revised Dimensions of Wellbeing.

Table 6 presents two additional dimensions that were added to the model based on the survivor-leader feedback from the 2017 focus group and contact with other groups using the participatory framework.

Table 6. Additional Dimensions Added to Model Based on Survivor Feedback, January 2017

Growth and Flourishing in Daily Life	Daily life is enriched with environments, relationships, and activities that offer ongoing opportunities to flourish and grow in purpose and capability.
Basic Support for Health and Life	This includes basic needs such as food, shelter, health care, water and sanitation, and formal schooling that are accessible and responsive to differential and special needs, permitting individuals to experience the life cycle without unnecessary suffering.

Basic Support for Health and Life was added because there is an emphasis within survivor agencies and the survivor community that immediate needs such as housing and education are extremely important and that those basic needs should be represented in the model. A second dimension, *Growth & Flourishing* was also added based on the survivor interviews and supported by wellbeing research conducted by Carol Ryff stating that both personal and interpersonal flourishing are essential to positive wellbeing (Ryff & Singer, 2000). Survivors reported at the forum and reiterated during post-forum feedback that basic supports are often overemphasized to the exclusion of personal growth in other areas. There is a lack of emphasis on, as one focus group survivor said, "becoming a vibrant human being." Basic needs are truly important, but as one of our co-authors, a survivor stated, "We need to have more than that [basic needs]. What makes you

passionate? What do you want to do with your life beyond what they did to you? Beyond being a survivor? Hear me as a survivor, and also hear that I am a human being who was put here with gifts. How will you explore them and give them to the world?" Growth and Flourishing include facilitating opportunities for survivors to experience enriching environments, relationships, and activities that facilitate growth, gift exploration, and life purpose.

Survivor feedback was essential in shaping the second iteration of the model. Again, the full collaborative process used to develop and strengthen the model is visually represented in Figure 2. The model will continue through future iterations until no further new insights come forward.

In another example, international agency representatives were able to speak of the importance of family reunification when possible, whereas some domestic survivor leaders pushed against this idea with their notion that survivors need to be able to choose their own families of support. These cross-discipline, cross-experience, cross-time-within-journey dialogues were very important as a diverse array of opinions and experiences were communicated.

Lessons about the Forum Process

The diversity of researcher perspectives and presentations (global to local) and the diversity of trafficking experiences highlighted (child/adult/rural/urban) were also strengths of the process. For participants who were new to their advocacy or were generally working in one context, hearing from others about the strengths and challenges of the work within other specific communities helped generate ideas that they were then able to bring to their agencies.

Another strength was having multiple scribes present. When using the participatory framework, having people present whose sole role is to capture the information being discussed and presented is very important. When scribes are not available, we recommend providing some time to synthesize and check notes as a group.

Sharing the information with survivor leaders during the follow-up focus group was also extremely important in this process. The focus group pulled key leadership representatives together again with two of our survivor-leaders to discuss the findings and the changes recommended within the model and process itself. Changes were then made to the model. These multiple iterations are extremely helpful as clarifying old ideas or creating new ones brings teams closer to discovering the true state of wellbeing within their community.

Participants produced a range of artwork during the meeting, with a high level of participation from all groups. Some told their story in fabric; others focused on the beauty of floral or geometric designs, others used words and pictures on the table covers that we later cut out and displayed. Kelly Parks Snider prepared an exhibit that prepped and displayed the work together on a clothesline, which stimulated further discussion and exchange. Feedback on the inclusion of artistic expression was very positive, and one participant said in a feedback form, "Because of the art, I was able to relax in spite of my exhaustion." A number of participants made the surprising comment that the artisan task helped them to better listen to the presentations and discussions.

The pacing of the meeting is also important. Survivor-leaders, especially, felt a draining of energy as they both presented and led working groups. Agency

representatives and researchers need to reconsider their approaches to the work in order to create a different kind of space if they are to receive the stories, challenges, and insights from the group. For all then, pacing, check-ins, and breaks are very important in this work and need to be planned for accordingly. Multiple sessions spread over a number of days is recommended whenever possible. It is important to recognize the state of wellbeing that survivors may be in at any time during the process. Depending on when you choose to use the framework, and how often you will return to the work, flexibility, patience, and an understanding of trauma and triggers are important. "Chunking" the Dimensions of Wellbeing into multiple brief sessions so that the process doesn't overwhelm participants could be helpful.

Additionally, we recommend having counseling available during and after these discussions. We also recommend having a designated space for both quiet individual reflection and small group dialogue.

Finally, we fully realize that the act of defining and contextualizing wellbeing itself does not lead to a direct interruption of the inequities and power differentials that trafficking survivors face both during exploitation, and while they are receiving services from health, social service, housing, employment, and criminal justice systems. Teams that purport to be survivor-led must continually examine the internal differentials of power and privilege. Prior to using the model, we recommend holding a discussion among all participants, discussing how the model and information will and should be used, giving guidance about the right to privacy. Just because people are gathered together using participatory methods does not mean the power differentials go away. Those using the model need to mindfully examine the process to ensure that there is not inadvertent harm stemming from using a tool that is intended to promote healing and wellbeing.

FUTURE DIRECTIONS

This exploration of wellbeing is a first exploratory step in participatory action research with survivors of human trafficking. Here we identify future directions for continued collaboration. In all cases, concepts of wellbeing, and a participatory interactive approach that brings researchers, practitioners, and survivors into dialogue, are essential for progress.

Improving Care for Survivors

Continued work with survivor-led concepts of wellbeing can lead to a body of knowledge and process that can become a routine part of developing standards of care, training health and human service workers, program implementation, and evaluations.

Developing Metrics

In order to honor the needs and wants of survivors with appropriate, respectful, and effective care, metrics must be developed to determine if service agencies, individually and collectively, are meeting needs. This requires continued participatory work and interdisciplinary collaboration among psychologists, public health experts, and others with expertise in epidemiology, evaluation, and monitoring.

Methodological Development

Future work includes moving the model and the corresponding work into new spaces and communities and investing time in creating a brief participant guidebook to help communities facilitate dialogues using the model. Conducting a qualitative grounded theory study or phenomenology study with trafficking survivors on their wellbeing as described through the use of the participatory model is also a way to highlight key ideas from various communities. The model is also being used in new spaces, such as work with adolescent trauma survivors within the United States, and human trafficking survivors in Spain.

Ideally, workshops using the participatory framework would take place with a group longitudinally to see how priorities and needs shift throughout the life course. When we began our process, we were unsure how many times we would turn to survivors for input, which may have limited full survivor participation in the 2017 focus group due to busy speaking schedules and commitments. To increase survivor participation throughout the process, we recommend planning longitudinally as much as one can, compensating survivors (which we did), and working closely with a local organization that has contacts with survivors throughout the life course. Conducting participatory workshops in partnership with a local service organization would be helpful in regards to recruitment and follow-up.

Examining Spheres of Influence from the Perspective of Survivors

The work summarized here gave survivors a voice in interdisciplinary teams around dimensions of wellbeing. That conversation led to great insights about wellbeing itself. Although spheres of influence (self, kinship networks, community, state, society) were referenced, the discussion focused mainly on self, and proximate networks. We did not discuss national or global networks in depth, and we did not interrogate what it means when more intimate spheres or spaces break down for survivors and become spaces of harm and betrayal. It could be useful to work with survivor perspectives to critique these spaces and spheres of influence, and to explore how spheres of influence can be constructed to best support the wellbeing of survivors.

Exploring How to Share and Receive

This work connects survivors, researchers, and practitioners in new ways, bringing them closer to each other, allowing them to talk about systems, wellness, healing, care, and sometimes, to share the experiences that survivors have had recently, or from early childhood. The opportunity for safe disclosure – whether in a confidential setting with a counselor or friend, a group setting such as a support group, or a victim statement before a court – must be made available for survivors who desire it as part of their journey toward wellbeing. Our conference led us to see that safe spaces for full disclosure are not easily found. Christine Stark commented in her public remarks at the forum that often survivors feel they must protect the listeners from the abuse that they have experienced –both because it will be too difficult for them to hear, and because survivors may fear that something about their story would lead them to listener abandonment. This is a specific area where survivors, experienced professionals, and researchers could develop guidelines or recommendations for survivors, and those who support them, so that they can identify a healing and restorative process that is grounded in evidence, professional ethics, and best practices to date.

Reframing the Conversation about what it means to Experience and Survive Sex Trafficking

The participatory process gave researchers, practitioners, and survivors a space to discuss the larger societal issue of how human trafficking for sex is named and framed in our world. It was noted that the language is passive, that being trafficked has no subject, and to some degree exculpates the perpetrator (or at least allows perpetrators to stay in hiding). Victim blaming, in subtle and overt forms continues. Somehow, the crime, shame, and stigma attach to the victim, while the perpetrator is forgotten. These concerns led the collaborative team to want to explore other kinds of categories and framing for survivors. For example, social narratives related to survivors of torture often connote strength and sometimes heroics – almost never social stigma. Further, we wondered, why are the heinous experiences that are experienced by victims of trafficking not classified as torture in popular narrative or media[4]? This conceptual trajectory, not anticipated at the start of our work, could lead to additional strategies to achieve justice for survivors and to address societal stigma.

SUMMARY

Often when researching human trafficking the focus is on the difficulties survivors are facing, but we know that there is much to be learned from survivors about programmatic and policy responses, and understanding the ongoing complexity of negotiating wellbeing throughout the life course, where challenges and difficulties may continue to emerge. Valuing the perspective of survivors related to their wellbeing, services, and self-care is the beginning of acknowledgment that wellbeing, gifts, and dignity are present and must be recognized. In order to more fully understand survivor wellbeing, we must stop looking at it through binary models of "sick" or "well," of "floundering" or "flourishing." Survivor wellbeing, and wellbeing in general, must be framed in non-binary ways that allow for recognition of growth and flourishing amidst challenges, rather than waiting for challenges to resolve before efforts related to growth, thriving, creativity and joy can begin. As one survivor stated, "As a survivor, I have gifts that you are missing. It is my right to bring the gifts that I have into the world." Using the participatory framework challenges the hedonic notion that wellbeing is about "happiness" and instead, situates the conversation around the question, "How can I meet my full potential as a human being?" These conversations have the potential to shift the anti-trafficking movement towards advocacy that demands lifelong support for survivor wellbeing.

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[4] Although the Organization for Security and Co-operation in Europe released the paper, "Trafficking in Human Beings Amounting to Torture and Forms of Ill-Treatment" (OSCE, 2013), and there is now some legal acknowledgement of sex trafficking survivor experiences as torture, survivors are not perceived in the same light as survivors of other types of torture.

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APPENDIX A. RESULTS OF THE MATRIX ACTIVITY WITH EACH DIMENSION OF WELLBEING

Results of the Matrix Activity with the Dimension: *Freedom from Harm.*

What do wellbeing and empowerment look like to a survivor?		How could this be measured?
Self	Physical safety in living situation Survivor input on "What does protection look like?"	Define physical safety and measure Pre-post survey on mental control issues Survivor survey: "Do you feel respected?"
Family/Kin	Identifies safe family and kin /intentional family	Ask a survivor. Provider helps define "safe". Provider exposed to good modeling for safe relationships.
Peers	Chooses and identifies those with shared experiences who are affirming Defines "peer"	Survivor identifies and then re-assess after time together Survivor creates own checklist of what constitutes positive influence
Sexual Contacts	Identifies sexual partner(s) who does not dominate—needs and safety are primary	Reflect on list that defined healthy partner Learn how to hold partner to healthy standard
Community	Medical, housing and legal protections Educated and informed communities Survivor-led initiative (when appropriate)	Length of time at one placement and the number of beds Awareness events (pre- and post-tests at events) Number of agencies collaborating
State	Survivor-friendly legal system Database systems that collaborate/coordinate	Number of arrests, convictions, sentences, etc. Repetition of contacting services
Global	Agencies recognize cultural differences Enforce laws to end demand	Percentages of community companies involved in fair trade Percentage of global convictions
Environmental	Support fair trade when able	Percentage of community companies involved in fair trade

Results of the Matrix Activity with the Dimension: *Bodily Sovereignty.*

What do wellbeing and empowerment look like to a survivor?		How could this be measured?
Self	Sense of being in one's own body Ability to look the way you want to look Ability to eat without having to do something for it Freedom from self-harm	Self-report Trauma-measures regarding dissociation
Family/Kin	Privacy; Own sleeping space for oneself and one's children	Self-report
Peers	Freedom from bullying-whether physical, sexual or verbal assault; Free of sexual harassment; Free of microaggressions5 related to gender, race, identity, ability, sexual orientation, etc. Free from pressure to self-expose (especially related to Internet cybersecurity)	Self-report
Sexual Contacts	Sex is chosen for one's gratification, not to meet one's needs Ability to choose one's sexual partner and consent to each sexual act Ability to use contraception	Self-report
Community	Access to reproductive health services Enforcement of laws related to bodily sovereignty	Number of agencies collaborating Record access to health services-is everyone getting the services they need? If not, why?
State	Laws that support sovereignty	Number of arrests, convictions, sentences, etc.
Global	*No answer provided	*No answer provided
Environmental	*No answer provided	*No answer provided

5 "Microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults towards people of color." (Sue et al., 2007). Microaggressions can happen towards any marginalized or oppressed community.

Results of the Matrix Activity with the Dimension: *Sustenance and Renewal*

What do wellbeing and empowerment look like to a survivor?		How could this be measured?
Self	Safe place to live Emotional health Ability to recognize you are more than what other people make you believe-aspirations and measurable goals	Is there housing available? How many spaces and what type? Self-care inventories, amount of sleep each night, exercise, art therapy, yoga Ask for realistic short, medium, and long-term goals and check in at the end of the year
Family/Kin	Identifying systems of support Family that understands their limitations and helps survivors find support beyond them Family encourages next level of training; help survivor achieve self-actualization-"no one can achieve goals all on their own"	Ability of the family and kin you have identified to show up and support you Service providers ask clients if these relationships exist and know how to identify
Peers	Surrounding oneself with people who add value to one's life in a positive way "People that do not suck energy from you" Groups that show solidarity, support one's goals, and have one's best interest in mind	Self-report
Sexual Contacts	Learning "What is a healthy relationship?" Learning to say no and to read and understand danger Learning to experience pleasure Learning to avoid traumatizing another person/new partner with one's trauma Partner education	Self-report
Community	Transition the movement from singular/individual focus and reframe services to a holistic approach that addresses the complex lives of survivors Create space to allow communities to take ownership of this issue-	Number of volunteers, number of referrals to an individual agency

	giving the problem back to the community	
State	"Stop working in silos-violence is violence" Address root causes of violence, including institutional Connect state to NGOs Hire and train people who understand the issue Key people in trusted positions	Monitor change and when it starts to happen
Global	Create more spaces like this conference to allow knowledge exchange Prioritize financial empowerment Non-traditional ways of involving survivors	*No answer provided
Environmental	*No answer provided	*No answer provided

Results of the Matrix Activity with the Dimension: *Social Protection Over the Life Course*

	What do wellbeing and empowerment look like to a survivor?	How could this be measured?
Self	Economic independence	Self-report of job satisfaction and opportunity for growth Self-assessment of emotional state
Family/Kin	Freedom from child abuse and all other abuse Positive support system with someone you can consider family Nurturing relationships including reliability and stability (look outside immediate family too)	Intact extended family relationship (when possible)
Peers	Accountability Support system including peer mentoring (survivor with survivor) Interdependence Safety in community in peer group	*No answer provided
Sexual Contacts	Access to sexual education, birth control, abortion Safety	School nurse survey what youth know about sexual education
Community	Stop giving community awards to places like strip clubs	*No answer provided
State	Trust in law enforcement Access to law enforcement and due process Freedom from discrimination	Self-report=evaluation of comfort with law enforcement and services, plus feelings of safety
Global	*No answer provided	*No answer provided
Environmental	*No answer provided	*No answer provided

Results of the Matrix Activity with the Dimension: *Sense of Purpose*

What do wellbeing and empowerment look like to a survivor?		How could this be measured?
Self	Awareness of self-identity Developed short and long-term goals	Change in attitude and behavior over time Goal actions and activities completed
Family/Kin	Survivor has developed self-autonomy from dysfunctional family Re-integrate family and belonging	Increased coping mechanisms Acceptance, embraced a family system
Peers	*No answer provided	*No answer provided
Sexual Contacts	Recognition of a healthy relationship Understanding intimacy and relationship building	Non-abusive relationships Healthy boundaries are developed (self-report) Strengthened understanding of sexual freedom and expression
Community	*No answer provided	*No answer provided
State	*No answer provided	*No answer provided
Global	*No answer provided	*No answer provided
Environmental	*No answer provided	*No answer provided

Results of the Matrix Activity with the Dimension: *Voice and Expression*

What do wellbeing and empowerment look like to a survivor?		How could this be measured?
Self	Survivor is self-advocate	Determines treatment options/direction Determines what to share in court
Family/Kin	Survivor has a choice in marital options Chooses to be in healthy family dynamic Level of communication with family Degree to which family is engaged in treatment or how much the family is informed	Self-report
Peers	Understands appropriate boundaries Ability to choose who to relate with and what to share with them Ability to choose healthy peers and to understand who is not healthy for them	Knows with whom it is safe to share the story Determines how their story is shared and when
Sexual Contacts	Ability to determine when/with whom Ability to articulate boundaries when sex is not desired Ability to protect self	*No answer provided
Community	Able to choose community Able to have a voice in community and to be heard and respected	*No answer provided
State	Knows who to contact for voice to be heard Knows rights	*No answer provided
Global	*No answer provided	*No answer provided
Environmental	*No answer provided	*No answer provided

Results of the Matrix Activity with the Dimension: *Engagement*

What do wellbeing and empowerment look like to a survivor?		How could this be measured?
Self	Comfortable with self and in social situations Belief in the ability to make decisions Knowing what one wants to engage in Self-emotional regulation	Hopkins Anxiety Symptom Checklist Self-esteem scale Agency scale Meaning in Life scale PTSD scale?
Family/Kin	Setting healthy boundaries Survivor is able to identify triggers within the survivor's family Legal support if the survivor needs it for parental rights Awareness of psychological intergenerational trauma	Harvard Trauma Questionnaire
Peers	Have a healthy supportive peer group Healthy entertainment with peers Setting boundaries and feeling comfortable to say, "No, I'm not comfortable here." Survivor can avoid peer groups who gossip or use put-downs	CDC Satisfaction with Emotional & Social Support CDC Overall Happiness
Sexual Contacts	Healthy boundaries Ability to make healthy choices Deprogramming putting partner first	Ask, "Is sexual participation enjoyable?"
Community	Participate in community Knowledge of community resources Healthy self-esteem when in community Constructively engaged in economically empowered employment	Self-esteem scale
State	Any CHOICE of involvement in policy (anonymous or public) Voting Change legal issues The option of getting a job that may involve government	*No answer provided

Global	Missions work (if fits survivor beliefs/goals) Seeing other exploitation makes survivors feel like they are not alone Writing a book, curriculum, or brochure (public or anonymous) Global career options	*No answer provided
Environmental	Fair trade conscious when financially able Educate oneself about environmental issues Intersectionality-for example, making connections between trafficking and child labor	*No answer provided

Results of the Matrix Activity with the Dimension: *Recognition and Belonging*

Self	Accepting of oneself	Self-acceptance scale
Family/Kin	Feeling that survivor can provide safety for their family-free from trafficker Feeling that survivor can support their family's basic financial needs Privacy Children's opinion of care/safety	Asking if (in the past year) survivor has had contact from their pimp/perpetrator/trafficker…Scale of 1-10: "How safe do you feel?" Asking if (in the past year) to what degree has the survivor been able to support family? Scale of 1-10: "How well do you feel you've been able to provide…"
Peers	Feeling able to "be themselves" around peer group/not feeling peer pressure Loving peer group Feeling able to say "no" without being excluded from group	On a scale of 1-10, to what degree does the survivor feel pressured to make decisions based on their peer group?
Sexual Contacts	Being able to say "no" Choice in partner Feeling comfortable asking partner to use a condom Feeling safe Not needing sexual contact if survivor does not want it	Survey
Community	*No answer provided	*No answer provided
State	Documentation/residency Identification/passport Work permit/status No state corruption	Survey (do they have it or not?) Survey (do they have it or not?) Survey (do they have it or not?)
Global	Having a country to identify with	*No answer provided
Environmental	*No answer provided	*No answer provided

Results of the Matrix Activity with the Dimension: *Mutual Care*

	What do wellbeing and empowerment look like to a survivor?	How could this be measured?
Self	Supported by community Mutual receiving and giving back Moving out of crisis mode and sustaining positive movement forward	Survivor feels safe enough not to feel violated Keeps from returning Harm reduction Do you have a mentor/extended family?
Family/Kin	Education on what "healthy" care looks like	*No answer provided
Peers	Loving peers Mutual receiving and giving back	Do you have a mentor/extended family?
Sexual Contacts	Mutual receiving and giving back	
Community	Community holds anti-trafficking rallies/demonstrations	Record the number of these
State	Survivors are invited to participate in policy making	Number of survivors involved
Global	*No answer provided	*No answer provided
Environmental	*No answer provided	*No answer provided

APPENDIX B. EXAMPLE OF FIRST AND SECOND CYCLE CODING SUPPORTING THE ADDITION OF DIMENSION *GROWTH AND FLOURISHING*

First Cycle Coding: Coding completed initially

In Vivo Codes: Short phrases of the actual language found in the qualitative data record. (Saldaña, 2016, p.105)

Second Cycle Coding: Coding completed after reading First Cycle Codes. Second Cycle Coding is a way of reorganizing or reanalyzing data (Saldaña, 2016, p.149)

Focused Coding: "Develop categories without distracted attention at this time to their properties and dimensions" (Saldaña, 2016, p.155)

Actual Language: Focus Group 2017	In Vivo Code(s) First Round Coding	Focused Coding Second Round Coding
"I wanted to see something along the lines of spirituality, or joy/becoming. I don't see a lot of joy, vibrancy, flourishing, becoming or moving towards that. One of the things I have noticed is that the emphasis is always on housing and basic things, but I feel like there is a complete lack in having a decent life, joy spirituality and becoming. Looking at my life and so many other survivors, where do we enable each other and support each other to become a vibrant emotional human being. Its great to have your basic needs met, but we need to have more than that."-Survivor Focus Group, Christine	"Wanted…spirituality or joy/becoming."	Need for Spirituality
	"I don't see a lot of joy, vibrancy, becoming."	Need for Joy/Becoming/Vibrancy/Flourishing
	"Emphasis is always on housing and basic things."	Basic Things But Need More
	"…Lack in having a decent life, joy, spirituality and becoming."	Need for Joy/Becoming and Spirituality
	"Where do we enable each other and support each other?"	Survivor-to-Survivor Support
	"Need to have more than that (basic needs)"	Basic Things But Need More