

# Modern Slavery Core Outcome Set Project Report



MODERN SLAVERY  
**CORE OUTCOME SET**



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# EXECUTIVE SUMMARY

The Modern Slavery Core Outcome Set (MSCOS) has been produced to strengthen the development and assessment of interventions for the recovery, healing, well-being and reintegration of adult survivors of modern slavery and human trafficking. The MSCOS was developed through a year-long consensus-driven research project involving three rapid systematic literature reviews, 46 primary interviews with survivors of human trafficking and modern slavery, three stakeholder workshops, and a three-part international E-Delphi process. Survivor inclusion was instrumental in creating a high-quality MSCOS with outcomes that are meaningful for survivors and reflect their priorities. The majority of our workshop and E-Delphi participants were survivors, our work was guided by our Research Advisory Board formed of experts by lived experience, and we worked with peer-researchers throughout the full life cycle of the MSCOS project.

The MSCOS presents a set of core outcomes that should, as a minimum standard, be reported on in interventions for adult survivor recovery and reintegration, as well as providing a framework for policy and service design and evaluation. The MSCOS comprises seven outcomes:



The MSCOS adopts a multi-level and holistic approach encompassing outcomes across a variety of domains that have traditionally been segregated in interventions. Many different types of interventions have been developed to aid the recovery and reintegration of survivors, with some focussing on assisting survivors to address pragmatic issues post-trafficking, some on legal assistance, others on physical health, and others still on mental health exclusively. Across this variety of interventions, it is apparent that many of the outcomes and mechanisms of action that lead to improvement intersect and overlap. This suggests that an effective way to work with survivors is to combine effective components from the plethora of potential interventions into multi-level interventions that can address the variety of challenges faced by survivors in a holistic way. While complex interventions for survivors of violence in other policy domains (e.g. domestic violence) are increasingly being adopted, there remains a lack of integration between mental health and broader social work disciplines that prevent holistic and multi-level approaches from being mainstreamed – preventing survivors from accessing resources and the integrated support that would give them the best chance of recovery. Inter-agency collaboration and integration should be an important focus in the development of any programme for the recovery and reintegration of survivors of modern slavery. The multi-level and holistic approach of the MSCOS reminds us of this important goal.

Additionally, the MSCOS outcomes span individual, organisational, governmental, and societal levels. In doing so, the MSCOS intentionally steers us away from a framework in which we survivors are seen as solely responsible for achieving recovery and reintegration outcomes and moves us towards a framework that emphasises the important role that institutions and systems play.

While the MSCOS is a minimum set of standard outcomes that should be reported on in interventions, it is not an exhaustive set of outcomes that could be used in interventions and services for the recovery and re-integration of survivors of modern slavery. The MSCOS can, and often should be supplemented with relevant outcomes from the Outcome Longlist depending on contextual factors and survivor demographics. The Outcome Longlist that we have developed in this project comprises 38 outcomes developed alongside the MSCOS in the consensus process. The Outcome Longlist includes a broad range of outcomes across seven domains:

- safety
- supportive services
- consistency and stability
- opportunities
- rights, justice and dignity
- health and wellbeing
- recognition, awareness and understanding
- belonging and social support
- agency and purpose

As part of the MSCOS project we have established a Community of Practice. A community of practice is 'a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfil both individual and group goals' (Community of Practice 2022). Our Community of Practice will continue to develop the MSCOS, maintain momentum from our stakeholder workshops, and ensure that the MSCOS is embedded in practice and sustainable.

## PRIORITY RECOMMENDATIONS

1. The MSCOS should be referred to as the minimum standard set of outcomes to be used in research, service and intervention design, evaluation and development, and policymaking
2. Researchers, policymakers and service providers should use the MSCOS to think about interventions holistically. This means considering all MSCOS outcomes in intervention development and evaluation. If an intervention for survivors doesn't cover all the MSCOS outcomes, policymakers, researchers and service providers should either consider amending it or partnering with services or interventions that do. This will necessitate cross-departmental working in government and collaborations across NGOs.
3. Researchers and service providers should use the MSCOS to think about interventions on many different levels, including the individual, organisational, governmental and societal levels. Service providers, researchers and policymakers should consider the importance of structural factors in intervention evaluations.
4. Survivors need to be provided with secure and appropriate safe accommodation to support their recovery, wellbeing, and reintegration. Government providers should consider supporting the creation of survivor-managed safe houses.
5. Professionals working with survivors should understand the key principles of relational ethics and use these to help build more meaningful, trusting relationships.
6. Service providers and policymakers should acknowledge that access to medical treatment and education are structural issues. They should design interventions that address the structural racism and financial deprivation that many survivors endure.
7. Service providers, policymakers and researchers should avoid thinking about survivor outcomes based on a linear short-term, medium-term and long-term progression. Rather, stakeholders should accept that needs and support can fade out and come back into relevance over many decades. Services should, therefore, be accessible at any time during a survivor's life.
8. Projects, services, evaluations, interventions and policymaking on human trafficking and modern slavery should involve survivors as early in the process as possible.
9. Survivors should be appropriately compensated for participation in research, policy, or NGO work, and all financial information relating to any project with survivor involvement should be transparent.

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# KEY DEFINITIONS

## OUTCOME

In this project we have defined outcomes as the direct or indirect result of a planned action which is facilitated by an outside party or programme to facilitate survivor recovery, well-being and reintegration. We understand outcomes broadly to include more intangible outcomes (e.g., celebrating and thinking positively), individual service access and health related outcomes and also large-scale societal outcomes. Outcomes may include for example, employment, sleep quality, educational attainment, being able to maintain positive relationships, and a change in social attitudes.

## SURVIVOR

In this toolkit, a survivor is someone who has lived experience of human trafficking and modern slavery. On the advice of our project partners, Survivor Alliance, we use the terminology of “survivor” throughout our project and documents. This terminology is intended to reflect our view that survivors of modern slavery sit alongside us and in conversation with us in research and intervention development and are not absent from or the object of our discussions.

## SURVIVOR LEADER

A survivor leader is a survivor who is a professional innovator in any discipline within the field of anti-trafficking.

## E-DELPHI

This is an online method to develop group agreement between experts. For our project, it involved asking participants to rate statements on an online questionnaire over several rounds to determine which statements constitute a core outcome to be measured.

## INTERVENTION

An action or programme (e.g., housing application, recreational activities, educational course, therapeutic care ) which is designed to improve the lives of a particular group

## EVALUATION

A process by which we ascertain whether an intervention was effective or not, and how we can improve it. This could involve, for example, a survey, research interviews, and feedback from service users.

## MODERN SLAVERY

Modern slavery is the 'severe exploitation of other people for personal or commercial gain' and can include human trafficking, forced labour and debt bondage (Anti-Slavery International 2021).

## HUMAN TRAFFICKING

The Palermo Protocol (2000) defines “trafficking in persons” to mean '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’.

## EXPERT

This refers to experts in the anti-trafficking field who were consulted for the Modern Slavery Core Outcome Set (MSCOS) project. This included survivors and survivor leaders, academics, NGO professionals, and policymakers.

## RECOVERY

Using the WHO (World Health Organisation) (2013) definition, recovery can be defined as a subjective experience where a survivor can live a 'satisfying', 'hopeful' life, even within any limitations caused by their trafficking or modern slavery experience. Other similar terms are used such as reintegration, healing and 'restoration' (see the IJM, International Justice Mission's Assessment of Survivor Outcomes 2018 handbook).

## INTEGRATION

In the context of trafficking and modern slavery, integration can be defined as 'economic and social inclusion.... [including] settlement in a stable and safe environment, access to a reasonable standard of living, mental and physical well-being, and opportunities for personal, social, and economic development and access to social and emotional support' (Surtees 2010).



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# INTRODUCTION

In 2007, the UN Human Rights Council created the ‘mandate of the Special Rapporteur on contemporary forms of slavery, including its causes and consequences’, and the eradication of modern slavery and human trafficking is one of the UN’s (2015) Sustainable Development Goals. This has reflected a steady rise of state and institutional awareness of modern slavery over the last few decades with, for instance, the launching of the international Anti-Slavery Day. This is still, however, dwarfed by the total number of people estimated to be in modern slavery globally; estimated to be 49.6 million people in 2021 (Walk Free 2022)\*.

There is widespread recognition that survivors of modern slavery experience serious and long-term health, social and economic consequences (Ottisova et al. 2016). There is a growing body of evidence highlighting the catastrophic impact of modern slavery on individuals’ physical and mental health. A UK study with 150 survivors (Oram et al. 2016) found that 78% of female and 40% of male survivors reported ‘high levels of depression, anxiety, or posttraumatic stress’, ongoing physical ailments such as headaches, fatigue and back pain, and sexual health consequences such as HIV. This is partly linked to the high degree of violence survivors experience. The study found that 66% and 77% of female survivors reported sexual and physical violence during trafficking respectively. Exposure to precarious living conditions, intense social isolation, and economic instability during and after the trafficking experience all negatively impact on survivors’ mental health (Altun et al 2017; Ottisova 2016). A recent international review of evidence about the mental health impact of modern slavery and human trafficking indicated that 41% of survivors were diagnosed with complex post-traumatic stress disorder (Evans et al. 2022). More broadly, studies have found that survivors face barriers around well-being and reintegration outcomes. In terms of employment, education, and interpersonal relationships, survivors have reported difficulties linked to structural issues (e.g., poverty and discrimination) even while receiving reintegration support (Idemudia et al. 2021, Balfour et al. 2020). Studies have also highlighted a lack of social support and unmet social needs for survivors post-trafficking (e.g., Okech et al. 2018, Ottisova et al. 2016).

Although a number of psychosocial interventions to support the recovery and reintegration of survivors of modern slavery and human trafficking have been developed over the last decade, high quality evidence is still lacking about which interventions are effective. Comparing the effectiveness of interventions requires that outcomes be standardised and consistently reported on, yet systematic reviews have highlighted the wide variety of outcomes and measures used in research with survivors of modern slavery (Wright et al. 2021, Dell et al. 2019, Graham et al. 2019, Doherty et al. 2016). Moreover, existing research largely reports outcomes related to physical and mental health, with limited consideration of other aspects of wellbeing (e.g., coping, social support), missing outcomes likely to be relevant to recovery and reintegration, such as family relationships, employment, engagement in education or training, needs related to legal issues or advocacy (Graham et al.).

Researchers have highlighted an urgent need to develop a modern slavery core outcome set (MSCOS) to address this challenge and answer the pressing question of how we can improve things for survivors (Dell et al 2019). The call to develop an MSCOS builds on the Core Outcome Measures for Effectiveness Trials initiative (Williamson et al. 2017), that aims to develop ‘an agreed standardised set of outcomes that should be measured and reported, as a minimum, in all clinical trials in specific areas of health or health care’ (COMET Initiative 2020), extending this to the more complex, multi-sectoral area of human trafficking and modern slavery.

It is critical that survivors are at the heart of any effort to develop an MSCOS. The call for the creation of a core outcome set in the field of modern slavery has indeed come with specific recommendation for survivor involvement (e.g., Keely et al., 2016) to ensure outcomes are also important and meaningful to them. Among the wide range of outcomes that are used in research, policymaking, case work and intervention evaluation, relatively few are explicitly chosen by survivors through a meaningful and accessible engagement process. For example, none of the 53 studies in Graham et al.’s (2019) review on aftercare and support services appear to use evaluation measures chosen by survivors. Many papers do ask survivors for their subjective experiences, but these are almost always around their trafficking experience and trauma, rather than their recovery and reintegration. This pattern continues in the broader NGO sector, with the Survivor Care Standards (2018) drawing on professional expertise to provide principles and objectives for human trafficking services. There is a need for a participatory approach to recognise the expertise of survivors in their own needs and their authority in providing solutions to their problems.

This report outlines a consensus-driven and participatory research project responding to the urgent need to develop a Modern Slavery Core Outcome Set (MSCOS): a set of core outcomes that should be reported on in interventions for the recovery and reintegration of survivors of modern slavery and human trafficking. The MSCOS project was led by King’s College London, in collaboration with the Helen Bamber Foundation, Survivor Alliance, the University of Nottingham Rights Lab and the University of East London. This report describes the iterative process involved in forming the MSCOS and outlines the methods used (e.g., literature review, survivor interviews, stakeholder surveys and consensus workshops). We present a summary of the findings and highlight what we think the next steps will be in the ongoing efforts to improve survivor recovery and reintegration.

## **MSCOS PROJECT AIMS SUMMARY**

1. Develop an MSCOS to be used in service design and evaluation, policymaking and research to improve survivor recovery, healing and reintegration post-trafficking.
2. Ensure that the MSCOS centres survivor opinions and includes survivors at all stages of the research project.
3. Establish a community of practice to support stakeholder implementation of the MSCOS.

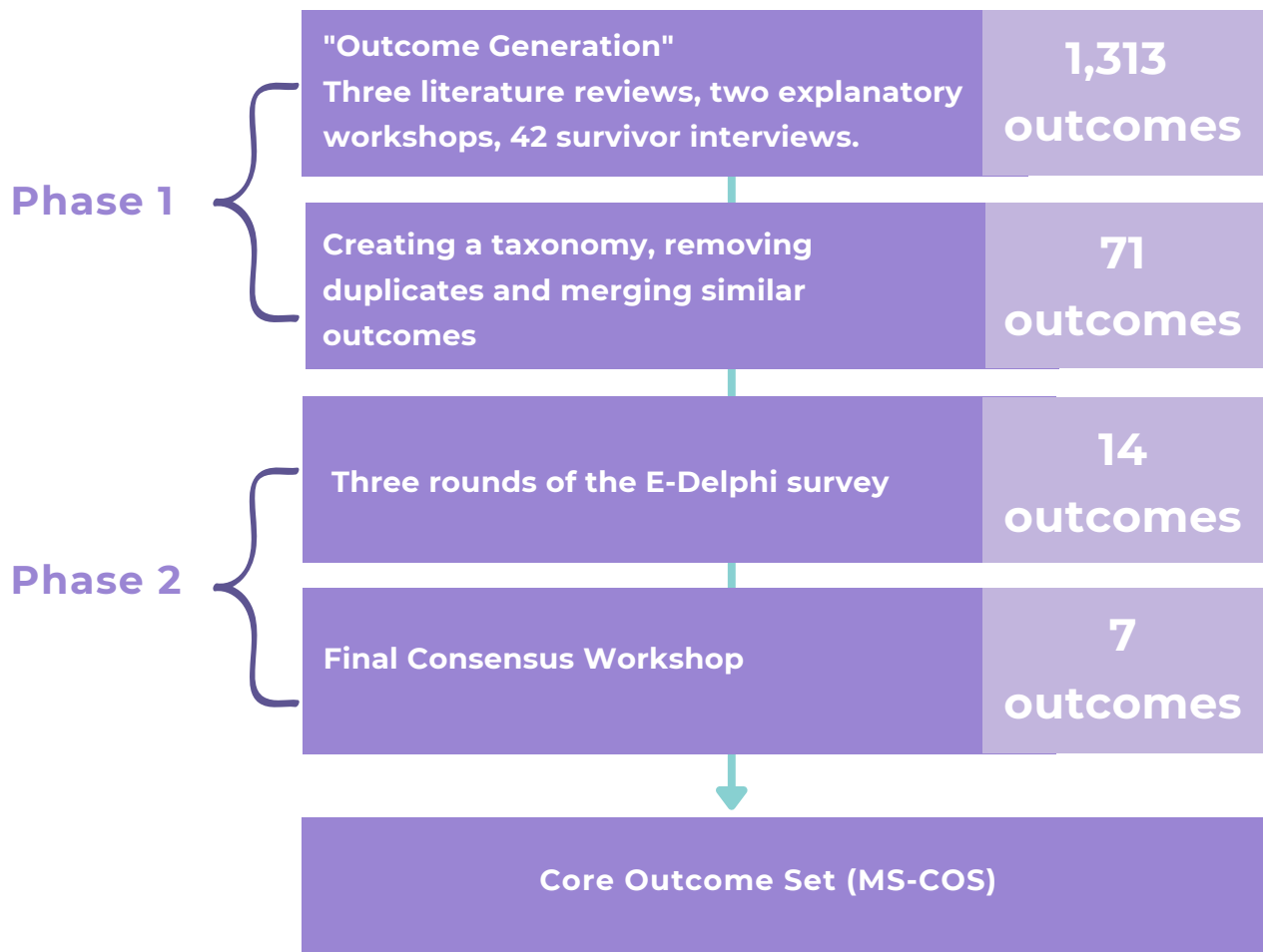
# METHODS

In order to gain consensus around outcomes for inclusion in the MSCOS, we adopted an expansive set of methods. We conducted three literature reviews. We ran two exploratory workshops with 84 survivor, policymaker, academic, and service provider participants. We conducted secondary analysis of 36 interviews with survivors in a previous mental health focussed study. We conducted supplementary interviews with 6 survivors from groups who are currently underrepresented in research studies. We ran a three-round international E-Delphi survey (53 responses in Round 0, 64 responses in Round 1, 74 responses in Round 2). We ran a final consensus workshop (with 43 participants).

The MSCOS project followed a two-phase approach drawing on knowledge from academia, service providers, policymakers, the health sector, and experts by lived experience. The first phase was generative in nature and aimed to generate a long list of outcomes with the aim of being as open and inclusive about what outcomes could be considered for inclusion in the MSCOS. The second phase of the research involved narrowing down, refining, and gaining consensus on the outcomes generated in the first phase to develop the MSCOS and the final Outcome Longlist.

**Figure 1** provides an overview of the methods that informed the consensus-driven approach involved in the creation of the MSCOS.

*Figure 1: An overview of the MSCOS process*



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## SURVIVOR INVOLVEMENT

There is growing recognition of the need for survivor leadership and involvement in anti-trafficking service delivery and research (e.g., Dang et al. 2021). Survivor involvement can make research and services more effective, meaningful and counter trafficking experiences of exploitation. However, there is a lack of literature on how to build relationships with survivors of human trafficking as co-researchers. This project aimed to meaningfully involve survivors throughout the research life-cycle and document our learnings about what worked and what could be improved to facilitate survivor inclusion.

The foundation of the MSCOS project is built on participatory-research principles for survivor involvement, grounding all activities in the philosophy of ‘inclusivity and recognizing the value of engaging [participants] in the research process’ (Cargo and Mercer 2008). We particularly drew on the Survivors Voices Charter (2018) and attempted to create intentional spaces for dialogue with survivors, shared all organisational platforms with survivors, and conducted project activities and events in partnership with survivors (p3).

Survivors were actively involved in the MSCOS project in several crucial ways:



Partnering with survivor organisations



Employing peer-researchers with lived experience



Establishing a survivor research advisory board



Including a broad range of survivor participants in the research

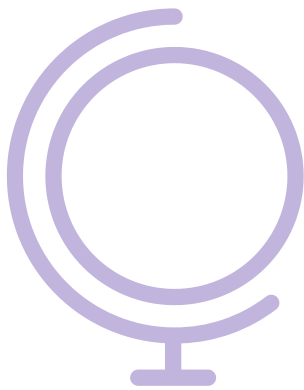
A major strength of the MSCOS project has been working with partners who not merely have ‘access to survivors’, but who have relationships with and frameworks for working with survivors. This enabled us to learn from our partners who have expertise in survivor involvement and participation. Working in partnership with survivor organisations has meant that we were able to align our research goals with our partners goals to ensure sustained survivor engagement in the research and meant that we were able to draw on our partners to support us in with an established framework for working with survivors that ensured trust.

Peer-researchers were employed through our partner organisation the Survivor Alliance, and were embedded into the core project team throughout the project. Peer-researchers received additional support and training from the ‘Placing Survivor Voice and Wellbeing on the Policy and Evidence Map’ programme (University of Nottingham 2022). The establishment of our survivor research advisory board (RAB) was similarly facilitated through our partnership with the Survivor Alliance and all RAB members were remunerated for their time. The RAB consisting of 7 survivors met bi-monthly throughout the research project to provide expert guidance on the project methods, implementation, and findings.

In developing the MSCOS, we drew on experiences from an incredibly broad range of survivors who actively contributed to the generation and prioritisation of outcomes. In every workshop, the majority of attendees have been survivors, every interview we've drawn on has been with survivors, and the all E-Delphi surveys had at least 50% survivors

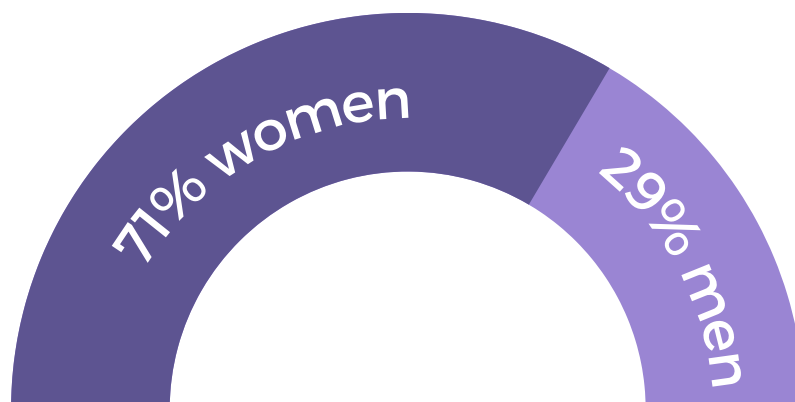
- Round 0: 68% survivors
- Round 1: 67% survivors
- Round 2: 53% survivors

Survivor input into the project encompasses a range of experiences of exploitation (including domestic and involuntary servitude and sex-trafficking) and participating survivors would likely have had a range of immigration statuses with some having experience of specialist support such as NRM (but information about immigration status or specific support accessed was not elicited from participants).



Survivor input spans almost every continent including the UK, Nigeria, Cameroon, Brazil, India, South Africa, Greece, Kenya and the USA. The international perspective was built throughout the project and became increasingly important as we began to understand the differing statutory and NGO support available to survivors. It meant that we developed partnerships with survivor organisations in South Africa and India during the E-Delphi surveys.

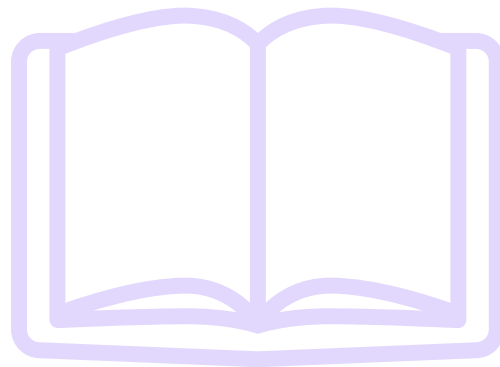
In our survivor inclusion, we attempted to maintain a balance of genders that was reflective of the gendered nature of modern slavery globally (71% women and 29% men, see Walk Free 2020).



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## LITERATURE REVIEWS

In the outcome generation process, three literature reviews were conducted. Each review focussed on qualitative studies, quantitative studies, and grey literature, respectively. Our aim was to extract outcomes that have been used and measured by interventions for survivors of modern slavery and human trafficking. Outcomes identified in the reviews were fed into a master list of outcomes that provided the foundation for the E-Delphi exercise where stakeholders were brought together to gain consensus on the outcomes for inclusion in the MSCOS. Importantly, the literature reviews highlighted important demographic gaps in the literature that we were able to address in our supplementary interviews with underrepresented groups.



## QUANTITATIVE REVIEW

We searched electronic databases including Medline, Embase, PsycInfo, CINAHL, and Web of Science for all reviews since 2011 on modern slavery and human trafficking and used these to identify additional relevant studies through reference list screening and forward citation tracking. We included 11 reviews and, from these, found 46 potentially useful studies. After going through all 46 studies, only eight studies had information relevant to our aim. Table 1 summarises the characteristics of each of the eight studies we included in our review, including the outcomes assessed in these studies.

We found that most (five) studies were conducted in North America, all of them focussed on sex trafficking, and half (four) of them focussed on diagnosable mental health outcomes. The Munsey et al. 2018, Robjant et al. 2017, Ostrovschi et al. 2011, George et al. 2010 studies all focussed on diagnosable mental health outcomes, particularly Post-Traumatic Stress Disorder (PTSD). These were measured using standardised mental health tools such as the Post-traumatic Diagnostic Scale and the Hamilton Depression Rating Scale. Two studies (Magnum et al. 2019, Cerny et al. 2019) used the Canadian Occupational Performance Measure 'designed to capture a client's self-perception of performance in everyday living, over time', including 'self-care, leisure and productivity' (COPM 2021). Two studies (Shareck et al. 2020, Potocky 2010) used NGO developed measures that looked at a broad set of outcomes including items on housing, social health, employment, and legal/immigration issues.

**Table 1: Summary of Quantitative Review Studies**

LEAD AUTHOR	YEAR	STUDY COUNTRY	SAMPLE	OUTCOMES ASSESSED
Shareck	2020	Canada	<ul style="list-style-type: none"> <li>• 100 – 120 women est.</li> <li>• all experience of sex trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Health</li> <li>• Addiction</li> <li>• Housing</li> <li>• Legal issues</li> <li>• Social support networks</li> <li>• Education and employment.</li> </ul>
George	2020	USA	<ul style="list-style-type: none"> <li>• 5 men and 31 women</li> <li>• mainly experience of sex trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and mental health (e.g., PTSD, hepatitis C, pelvic pain, depression)</li> </ul>
Cerny	2019	USA	<ul style="list-style-type: none"> <li>• 8 women</li> <li>• all experience of sex trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Meaningful activities</li> <li>• Task behaviours (e.g., decision making, problem-solving)</li> <li>• Executive functioning skills (e.g., planning, initiating)</li> <li>• Occupational performance.</li> </ul>
Magnum	2019	USA	<ul style="list-style-type: none"> <li>• 15 women</li> <li>• all experience of sex trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Sensory modulation (e.g., self-regulation of emotions, self-esteem, resilience)</li> <li>• Basic functions (e.g., cooking, using the telephone)</li> <li>• Executive functions</li> <li>• Occupational performance.</li> </ul>
Munsey	2018	USA	<ul style="list-style-type: none"> <li>• 11 women</li> <li>• all experience of sex trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• PTSD</li> <li>• Self-esteem</li> </ul>
Robjant	2017	United Kingdom	<ul style="list-style-type: none"> <li>• 10 women</li> <li>• all experience of sex trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• PTSD</li> <li>• Distress</li> </ul>
Ostrowschi	2011	Moldova	<ul style="list-style-type: none"> <li>• 120 women</li> <li>• mainly experience of sex trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Psychiatric diagnosis ( PTSD, depression)</li> </ul>
Potocky	2010	USA	<ul style="list-style-type: none"> <li>• 6 undocumented migrant men and 37 women</li> <li>• experience of sex and labour trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Shelter/food</li> <li>• Immigration issues</li> <li>• Mental health</li> <li>• Social and emotional health</li> <li>• English language ability</li> <li>• Employment/education</li> </ul>

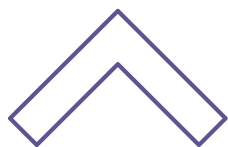
## QUALITATIVE REVIEW

We wanted to understand the benefits and harms of post-trafficking services from the perspectives of survivors of human trafficking. In particular, we investigated views around psychological and social interventions. We searched electronic databases including EMBASE, MEDLINE, HMIC and PsycINFO for relevant academic research papers since 2000. Papers needed to be qualitative studies that explored the service provision experiences of adult survivors. Studies could use any qualitative methods, including interviews or focus group discussions. From the 1877 potentially relevant records, we found 18 studies that were relevant to our aims. Table 2 provides a summary of the included studies.

Studies were largely conducted with female survivors, with only three working with male trafficking survivors. Most studies (16 of 18) involved survivors of sex trafficking, with studies mostly conducted in one country, the United States (12 of 18). We produced four themes after reflexive thematic analysis:



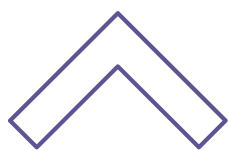
**‘Personal Desired Outcomes from Aftercare Provision’** described outcomes desired by survivors including independence and agency, stability, greater self-efficacy, formation of an identity and safety.



**‘Qualities Displayed by Service providers’** highlighted the importance of non-judgemental, compassionate, empowering approaches and authenticity from services.



**‘Recommendations for Services’** emphasised the need for aftercare provision to provide holistic, trafficking-specific, and long-term care support.



**‘Facets of Service Provision’** identified the resources, activities, and psychological support needed for post-trafficking support, and focuses on preparing for a life beyond immediate aftercare.

Outcomes desired by survivors included independence and agency, stability, greater self-efficacy, identity formation, and safety. To our knowledge, this is the first synthesis of qualitative research exploring survivors’ desired outcomes of post-trafficking service provision.



**Table 2: Summary of Qualitative Review Studies**

LEAD AUTHOR	YEAR	STUDY COUNTRY	SAMPLE SIZE	MEN (N)	WOMEN (N)	NATIONALITIES & ETHNICITIES	EXPLOITATION TYPES
Castaner	2021	USA	• 14	• 0	• 14	• Mexican, Central American	• Sex trafficking
Mumey	2021	USA	• 6	• 0	• 6	• African American, Arab American, Latinx	• Sex Trafficking
Balfour	2020	Ghana	• 27	• 0	• 27	• Ghanaian	• Domestic • Labour
Da Silva	2019	India	• 10	• 0	• 10	• Indian	• Sex Trafficking
Doyle	2019	Ireland	• 15	• 2	• 13	• Pakistani, South African, Indian, Filipino, Kenyan, Nigerian, Malawian	• Labour
Evans	2019	USA	• 15	• 0	• 15	• Hispanic, Caucasian, African American, Dutch Canadian, Native American	• Sex Trafficking
Hodge	2019	USA	• 21	• 21	• 0	• Latin American, Asian	• Labour • Sex trafficking
Orme	2019	USA	• 12	• 0	• 12	• Hispanic, Caucasian	• Sex Trafficking
Viergever	2019	Netherlands	• 14	• 5	• 9	• African, Eastern European, Asian, Middle Eastern	• Sex trafficking
Hopper	2018	USA	• 17	• 0	• 17	• African American, Caucasian, Hispanic	• Sex Trafficking
Bruijn	2017	USA	• 8	• 0	• 8	• Caucasian, African American	• Sex trafficking
Eldridge	2017	USA	• 9	• 0	• 9	• Caucasian, Hispanic	• Sex Trafficking
Rajaram	2016	USA	• 22	• 0	• 22	• Caucasian, African American, Hispanic	• Sex trafficking
Dahal	2015	Nepal	• 10	• 0	• 10	• Nepalese	• Sex Trafficking
McCrory	2016	USA	• 6	• 0	• 6	• Caucasian, African American, Hispanic, Asian	• Sex trafficking
Jones	2014	USA	• 8	• 0	• 8	• Caucasian, African American, Caribbean, Romanian	• Sex Trafficking
Busch-Armendariz	2011	USA	• 9	• 0	• 9	• Unspecified	• Sex trafficking • Labour
Westebbe	2004	Thailand	• 5	• 0	• 5	• Thai	• Labour • Sex Trafficking

## GREY LITERATURE REVIEW

The non-academic, or grey literature review, searched for relevant intervention reports, service evaluations, and other non-academic research in English. These could be published by governments, intergovernmental agencies (e.g., UNHCR or IOM), charities, private companies, or not-for-profit community groups. We searched two international grey literature databases (NICE Evidence Search and Open Grey), 34 anti-trafficking non-profit organisation websites (from the UK and English language countries like the US and Canada), and 9 government department websites (from the UK and English language countries like the US and Canada). We also issued a call for evidence among exploratory workshop stakeholders. After searching, we identified 1161 records, and from these, 13 were relevant to our aims. Table 3 has a summary of all the materials included.

We found that non-academic research included an average of 79 participants per paper, which was much higher than the average for the quantitative and qualitative reviews.

The grey literature review produced 330 unique outcomes covering a range of domains including: 'activism', 'advocacy', 'basic functioning', 'belonging', 'education', 'employment', 'exploitation', 'family', 'finances', 'health', 'housing', 'human rights', 'feeling human', 'inclusion justice', 'legal', 'mental health', 'peer support', 'prevention safety', 'services', 'society', 'survivor leadership', 'wellbeing'. 'Services' and 'wellbeing' constituted the two largest outcome domains, including outcomes such as 'services keeping their promises' and 'being loved' respectively.



**Table 3: Summary of Grey Literature Review Studies**

TITLE	YEAR	ORGANISATION	COUNTRY	SAMPLE SIZE
Access to legal advice and representation for survivors of modern slavery	• 2021	• Modern slavery and Human Rights Policy and Evidence Centre	• United Kingdom	• 30
Underground Lives: Male Victims of Modern Slavery	• 2021	• Hestia	• United Kingdom	• 42
Going places: Journeys to recovery	• 2020	• Rights Lab	• United Kingdom	• 107
The lived realities of sustained liberation in Uttar Pradesh and Bihar, India: an evaluation of survivor experiences	• 2020	• Rights Lab	• India	• 88
Dignity, Not Destitution	• 2019	• Kalayaan	• United Kingdom	• 21
Study of HHS Programs Serving Human Trafficking Victims	• 2019	• US Department of Health and Human Services	• United States of America	• 341
Pro-Act UK Pilot Report	• 2018	• Focus on Labour Exploitation	• United Kingdom	• n/a
Report on the contribution of the NCATS to the identification and assistance for trafficking victims	• 2017	• USAID, IOM, NRCVT, Different and Equal, Vatra Centre	• Albania	• n/a
Day 46	• 2016	• Human Trafficking Foundation	• United Kingdom	• 31
Conversations of Empowerment	• 2015	• Survivor Alliance	• Global	• 14
Evaluation of the effectiveness of measures for the integration of Trafficked persons	• 2013	• IOM	• Belgium, France, Hungary, Italy, United Kingdom	• 112
The Impact of the Republic of Moldova Anti-Trafficking Policy on the Trafficked Persons' Rights	• 2013	• La Strada International	• Moldova	• 30
Evaluation of Comprehensive Services for Victims of Human Trafficking: Key Findings and Lessons Learned	• 2007	• U.S. Department of Justice	• United States of America	• 33*
Comprehensive Services for Survivors of Human Trafficking: Findings from Clients in Three Communities	• 2006	• Urban Institute	• United States of America	• 34

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## SURVIVOR INTERVIEWS

### SECONDARY ANALYSIS OF PRE-EXISTING INTERVIEWS

There is always a risk of retraumatisation and distress when conducting research with survivors of human trafficking and modern slavery. It is, therefore, incumbent on researchers to explore all other ways of answering the questions they have, before primary research is conducted. We used pre-existing interview transcripts from adult survivors of modern slavery from Wright et al. (2020) to extract outcomes. Wright et al. conducted in-depth semi-structured interviews with 36 survivors from across the UK asking about 'mental health recovery and what this means to individuals'. We reviewed transcripts from these interviews, extracting any outcomes discussed by interviewees. We copied these into an Excel data extraction form with a pre-existing three-level taxonomy (on the levels of outcome area, domains, and indicators) based on the literature reviews.

Analysis of the pre-existing survivor interviews produced 584 unique outcomes, at an average of 16 outcomes per interview. Outcomes comprised a broad range of domains including: 'advocacy', 'agency', 'deprivation', 'education', 'family', 'housing', 'socialising', 'status', and 'wellbeing'. Unsurprisingly, given the mental health context of the interviews, 144 of the outcomes came under the 'wellbeing' domain. These outcomes included, 'positivity', 'control', 'acceptance', 'self-esteem', 'self-awareness', 'hope and fear', 'focus', and 'independence'. There were also 48 more medicalised outcomes in the 'mental health' domain, including 'hospitalisation', 'triggering events', 'paranoia', 'anxiety', 'suicidal thoughts', 'depression' and 'panic attacks'.

Outcomes from the interviews were striking in that they centred on the basic elements of feeling human. The domain categories 'feeling normal' and 'being able to function and participate in everyday society' were prominent. There were 122 outcomes in these areas encompassing: 'dignity', 'feeling human', 'belonging', 'feeling heard', 'being able to sleep', 'being able to drive', 'being able to use public transport', 'being social', 'healthy relationships' and 'going out to eat'. Finally, issues around immigration status emerged as a result of secondary analysis. This domain produced 31 outcomes relating to certainty, safety, recognition, stability and being able to forget the past.

### SUPPLEMENTARY INTERVIEWS

We also conducted qualitative interviews with survivors identified as underrepresented in our literature reviews and secondary analysis. Drawing on aggregate demographics and a qualitative assessment of the review studies we defined underrepresented groups as UK, Albanian, Eritrean, and Vietnamese nationals; male, survivors of labour exploitation for criminal activity; and individuals who do not access formal government-funded support for survivors of modern slavery. We spoke to seven survivors from these groups, and interviews were conducted by a survivor peer-researcher so that interviewees were as comfortable as possible.

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We asked about important recovery outcomes or milestones; key recovery achievements and desires; differences between what participants and service providers think are important recovery outcomes; and, critical outcomes that services for modern slavery survivors should aim for.

Supplementary interviews with underrepresented groups added nuance to previously documented outcomes and drew the links between different domain areas. For example, they illustrated the intimate link between safety and housing, revealing serious incidents of violence and continued abuse in managed/provider accommodation. Interviews demonstrated that, for many survivors, safe houses were not safe. Moreover, as interviews were conducted by a peer-researcher, the conversation was much more candid, and the outcomes spoken about much more critical of third parties. For instance, interviewees described NGO staff who were: not acquainted with trauma-informed care and caused harm by comparing people's cases; got angry with requests they could not fulfil; and, were unfamiliar with modern slavery and human trafficking services, rights, and entitlements.

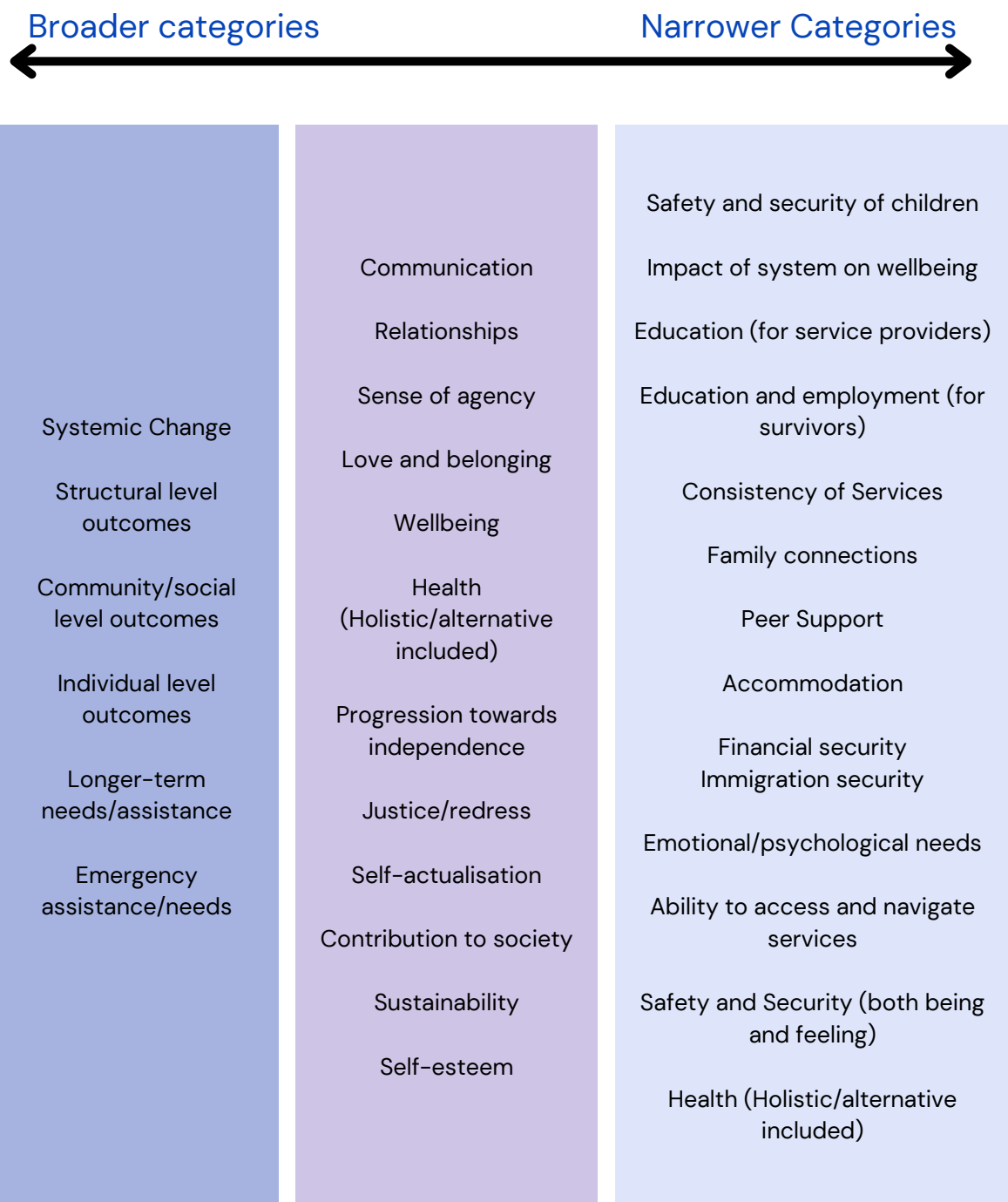
## EXPLORATORY WORKSHOPS

The MSCOS exploratory workshops were designed with meaningful input from human trafficking survivors, who were included in planning, facilitating, and establishing a survivor-informed space. The first MSCOS workshop had 44 participants supported by 15 facilitators including project peer-researchers. The purpose of the workshop was to think creatively about the possible outcomes that could be included in a core outcome set. We emphasised the need to be forward-thinking and asked stakeholders not to constrain themselves with feasibility concerns when identifying outcomes in order to generate the most comprehensive list of outcomes to consider for recovery, well-being, and reintegration. We also discussed challenges or concerns around the definition and creation of a core outcome set. The second MSCOS workshop had 40 attendees supported by 12 facilitators. The primary purpose of this workshop was to synthesis, sort, and group the outcomes identified in the previous workshop.



During the exploratory workshops, participants worked in small groups to identify outcomes they felt were important for survivors' recovery and reintegration. It was suggested that these be considered as broadly and creatively as possible. In the first workshop, 60 outcomes were identified. In the second workshop, attendees were asked to sort the outcomes identified into categories. This exercise was undertaken in small breakout groups that consisted of a mix of professionals from different backgrounds. The suggested categories varied somewhat between groups. Some attendees acknowledged that it was challenging to categorise and simplify such a complex cluster of outcomes. Of the categories defined, some were broad-ranging and others more localised. These categories are outlined in Figure 2.

**Figure 2: Exploratory workshop outcome categorisation**

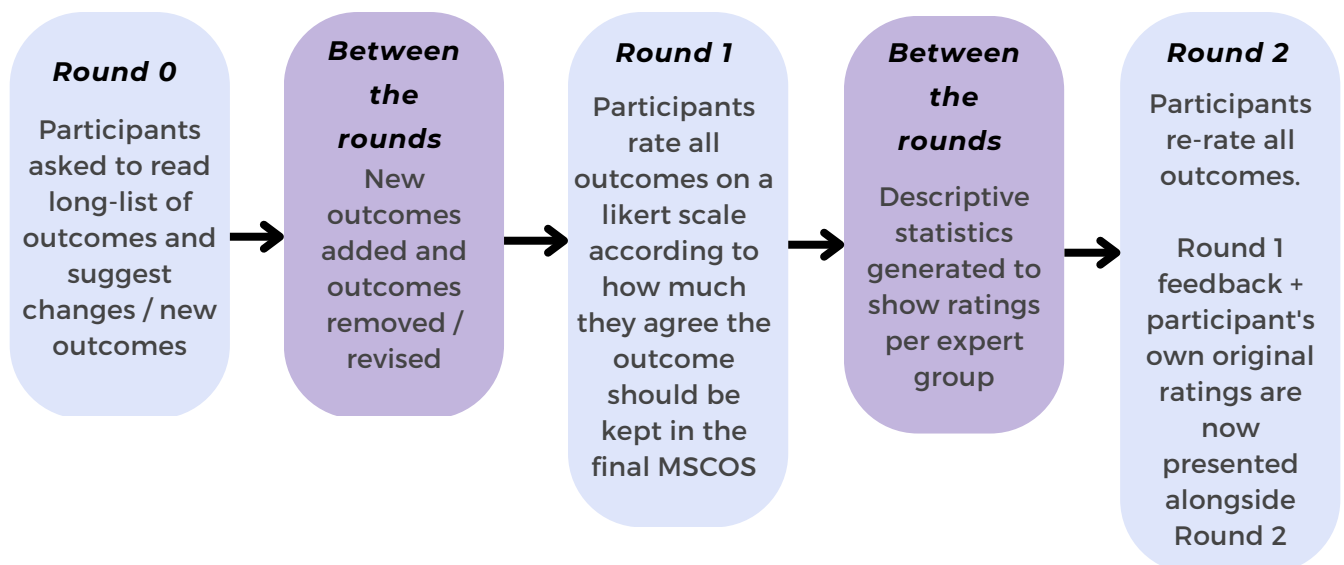


## E-DELPHI

Delphi is a method which involves multiple rounds of questionnaires and is designed for reaching agreement on a topic of choice (Gordon, 1994). When the process is adapted for online use, it is referred to as an E-Delphi study (Donohoe et al. 2012). E-Delphi is a method used for reaching consensus on a topic through rounds of questionnaires, interspersed with feedback, and is often used to effectively develop core outcome sets (e.g., Keeley et al., 2016; Shorter et al., 2019). A Delphi or E-Delphi study usually allows for participants to see others' anonymous responses in between rounds. This makes Delphi an interactive process; in this sense, it allows participants to review other opinions as well as review their own, allowing for more converging agreement over time.

The E-Delphi in the MSCOS project comprised a three round online stakeholder consensus process that aimed to refine and narrow down the list of outcomes generated and synthesised in phase one of the project for the final consensus workshop where the MSCOS would be determined. Our E-Delphi was run online on Qualtrics CoreXM™. Ethics approval for this study was granted by King's College London ethics board (reference: HR/DP-21/22-26450). Figure 3 illustrates how the different rounds of the E-Delphi fed into each other.

*Figure 3: Overview of the E-Delphi method*



Participants in the E-Delphi comprised academics and researchers; service providers and policymakers; and, survivors/experts by lived experience. Table 5 shows how each of these groups were defined. Participants were recruited from partner organisations, such as Survivor Alliance and the Helen Bamber Foundation, and networks developed through the exploratory workshops. In our international recruitment, we were particularly supported by three organisations, the Lachar Foundation (India), Survivor Exit (South Africa) and the International Justice Mission (US).

**Table 5 - Inclusion/Exclusion Criteria for the E-Delphi study**

<b>1) Criteria for Survivors (must fulfill all criteria):</b>	I am a self-identified survivor of modern slavery
	I have previously received/am currently receiving assistance and/or post-trafficking support from statutory or voluntary agencies
	I am not currently being exploited by a trafficker
<b>2) Criteria for Academics (must fulfill both criteria):</b>	I am/have been an academic staff member or student at a university
	I have written/contributed to literature on human trafficking and modern slavery (e.g., academic paper, news article or blog, charity report)
<b>3) Service providers/policy makers (must fulfill one of the two following criteria):</b>	I am a staff member or volunteer at a charity working with survivors of modern slavery and human trafficking OR NHS clinician/health worker who has previously worked with survivors OR working in any similar role
	I am an individual working for the government with a policy brief that includes modern slavery OR current/former MPs whose work was relevant to modern slavery OR working for the anti-slavery commissioner's office OR have an NHS role with involvement in policy OR working in any similar role

During phase one of the MSCOS project, we generated 1,313 individual outcomes through the reviews, survivor interviews, and exploratory workshops. Duplicate outcomes were removed, and similar outcomes were merged. Outcomes were then sorted into 16 different domains based on the categorisation suggestions from the second exploratory workshop as well as researchers' assessments of the descriptive similarity across outcomes. During this synthesis process, we ensured that each outcome sat in only one domain. These domains, and the outcomes within them, were merged and narrowed down further based on conceptual similarity. This left 71 unique outcomes that fed into the E-Delphi.

In Round 0 of the E-Delphi, we had 53 respondents. Respondents were from a wide range of ethnicities, identifying as Asian, White, British, African, and Nigerian. Of the 53, 43 were living in the UK but there were also people living in South Africa, the USA, Kenya, and Nigeria. Round 0 presented stakeholders the initial longlist of 71 outcomes, asking them if any outcomes were missing or if the descriptions on any of our outcomes should be changed. Changes included renaming outcomes. For instance, 'cherishing the everyday' was altered to 'reclaiming normalcy and appreciating the everyday' partly due to the word 'cherishing' having potentially exclusionary religious connotations. Many descriptions were also adjusted to better reflect the difficult financial position of many survivors. Two outcomes were added in response to survivor input into the E-Delphi: 'affordable and reliable transportation' and 'meaningful and creative activities'.



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In Round 1, 64 respondents ranked each outcome on the revised longlist comprising 72 outcomes on a 5-point scale\* according to how much they agreed that the outcome should be included in the MSCOS. Respondents could comment on the rationale behind their choices and were asked to choose their top five outcomes and domains at the end of the survey. A top five domain could include one or more top five outcomes. Outcomes were eliminated, merged or retained based on the following calculation: the number of people who chose 'strongly agree' minus the number of people who chose 'neither agree nor disagree'. Outcomes were ranked from lowest to highest with anything below the median considered for removal. If outcomes below the median had negative comments or were in an unpopular domain, they were removed. If they received three or more top five votes, they were retained. Through this process we arrived at a new outcome longlist comprising 34 unique outcomes.

In Round 2, 74 respondents were provided with a table with the new longlist of 34 outcomes and invited to re-rate all outcomes on the same Likert scale used in Round 1. The selection of 'strongly agree' was restricted to 12 per participant to drive consensus on relative importance. Respondents were also able to provide final comments to allow for the continued flow of participant input into the process. Each point on the Likert scale was assigned a value: Strongly agree = 2, Agree = 1, Neither agree nor disagree = 0, Disagree = -1, Strongly disagree = -2, and scores were summed together for each outcome. Outcomes in the top 12 were selected for inclusion in the final consensus workshop. To reflect the importance of survivor opinions, we also included any outcomes in the top 12 for survivor respondents that were not selected in the overall top 12 (that is, the top 12 across all participant groups). Through this process we arrived at a final shortlist comprising 14 outcomes for inclusion in the final consensus workshop.

The longlist of 34 outcomes refined through comments in Round 2 was used as the basis for our Outcome Longlist. This full Outcomes Longlist is presented at the end of this report.

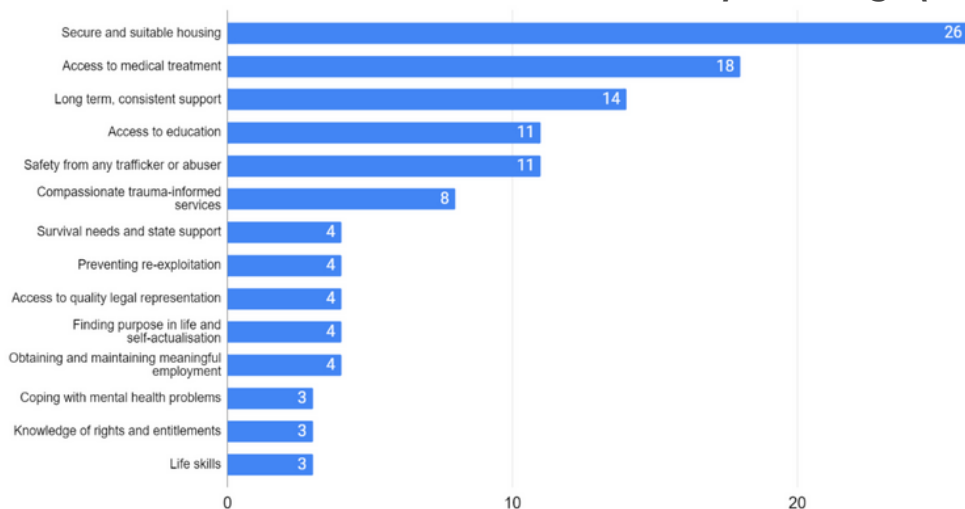
## FINAL CONSENSUS WORKSHOP

There were 46 participants, supported by 8 facilitators. The purpose of the workshop was to decide on the final outcomes for inclusion in the MSCOS. Prior to the workshop, participants were asked to rank their top and bottom three outcomes. Participants were asked to come to the workshop and share their rankings in small groups, explaining the rationale for their choices in their groups to stimulate understanding and perspective shifting among participants. Participants were then asked to rank their top three outcomes again through an anonymous online form. The results of the overall participant rankings and separately calculated survivor participant rankings were shared with all workshop participants in a collective discussion. Participants were then asked to work in small groups again to continue their discussions.

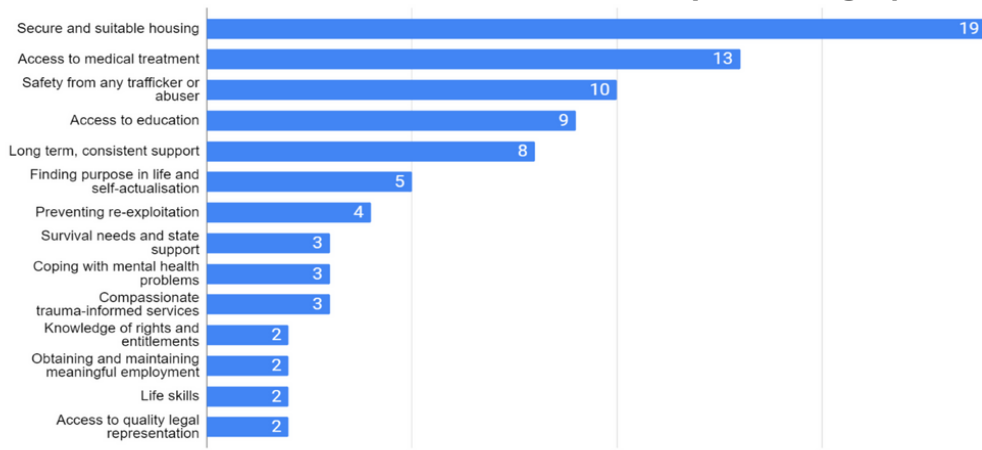
Participants shared that they typically made their decisions on ranking outcomes based on how fundamental or overarching they felt an outcome to be. They shared strong opinions, for instance, about the importance of suitable housing and accommodation. Housing was seen as a cross-cutting issue affecting safety, stability, dignity and the ability to benefit from other support. Survivor participants, for example, described instances of ongoing verbal and physical abuse in safe houses. Many raised the issue of untrained, inexperienced workers in shelters and the mixing survivors of trafficking with people who were moving away from prostitution (under different circumstances) or had substance dependency or behavioural issues.

After the substantial discussions throughout the workshop, participants were asked to select their top three outcomes and submit their rankings through an anonymous online form for the final time. In this final ranking process, the top six outcomes from the rankings across all participant groups was clear, see **Figure 4** below. The top six outcomes were therefore included in the MSCOS. For the separately calculated survivor participant rankings (see Figure 5), 'finding purpose in life and self-actualisation' made the top six. We, therefore, also included this outcome in the MSCOS. Our rationale for increasing the weighting of survivor weighting is discussed in the sections that follow

**Figure 4: Second Round of Final Consensus Workshop Rankings (all participants)**



**Figure 5: Second Round of Final Consensus Workshop Rankings (survivors)**



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# FINDINGS AND RECOMMENDATIONS

## THE MODERN SLAVERY CORE OUTCOME SET

Through a year-long consensus-driven project we developed the Modern Slavery Core Outcome Set (MSCOS). The MSCOS is survivor-driven core outcome set that has been informed by the comments, opinions and experiences of several hundred participants including survivors, policymakers, service providers, regulators, professional health associations and politicians. The MSCOS comprises seven outcomes that should, as a minimum standard, be reported on in interventions for survivor recovery and reintegration, as well as providing a framework for policy and service design and evaluation. Figure 6 below shows the seven outcomes included in the MSCOS.

*Figure 6: The MSCOS*



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Each outcome includes a descriptor which has been developed with survivors throughout the MSCOS project. All outcome descriptors include qualitative indicators with the potential for development of implementable standards. These qualitative indicators and descriptors can feasibly be expressed as a potential set of standards that could be further developed to be measured quantitatively, qualitatively, and through survivor self-report. The MSCOS outcomes descriptors and qualitative indicators are outlined individually below.

### **Secure and suitable housing**

Survivors should live in a place they can call home, where they feel safe and secure, can exercise freedom and independence, and live without suffering, abuse, or exploitation. Housing should offer private personal space, be hygienic, have enough peace to be able to rest and sleep, and preclude worries about being evicted. Key outcome features include that: safe house accommodation is gender-sensitive, allows for the proper investigation of complaints, has cooking and cleaning facilities, is not overcrowded, and is a place where survivors feel respected.

### **Safety from any trafficker or other abuser**

This outcome includes a safe rescue process as well as sustained safety from all traffickers and abusers. It is critical that survivors live free from fear that perpetrators will recapture them, find out where they live, or threaten them in some way. Safety from new perpetrators who can target victims for re-trafficking or harm them in other ways is also vital. Ongoing safety can involve multiple aspects such as: having a landline to call emergency services in a safe house; living far from traffickers and their associates; and the police being careful in the way they handle cases. This outcome includes psychological safety from traffickers.

### **Long-term, consistent support**

Support services should be advocated for at the right time and available when they are required in accordance with each survivor's individual circumstances. It is important that survivors can access support that is long-term (e.g., therapeutic care and individual support specifically tailored to each person's assessed needs, risks, and circumstances). Assessment of needs and risks should be revisited and updated on a regular basis and services available for as long as is required. A key outcome feature is that support is consistent and it enables survivors to build a trusting relationship with professionals. It is important that support staff have training and pastoral supervision so that they do not suffer professional burnout and can continue to provide the long-term consistent support that is needed.

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## Compassionate, trauma informed services

This outcome describes the need for staff who are trained and experienced in working with survivors who have traumatic histories. Survivors need to be able to trust all the professionals who work with them including police, immigration authorities, support workers, social workers, and shelter staff. This means developing trusting relationships, working to realistic expectations, supporting survivors to understand all the information they are being given, communicating to survivors in their language, and being honest. At a very basic level, this outcome is about staff treating survivors as human beings, listening to their stories and needs, and being a positive force in people's lives. All services need to be as inclusive and sensitively delivered as possible.

## Finding purpose in life and self-actualisation

This outcome is about a feeling of optimism and fulfilment. The idea of being able to have hope to dream and desire to live is crucial, as is being able to tolerate good and bad days without fully losing this sense of hope. A key outcome feature is self-actualisation understood as the ability to follow passions in life and living life to the fullest. This could include, for example, using talents, setting goals for self-advancement, and articulating personal goals and dreams.

## Access to medical treatment

This outcome is about ensuring that survivors have access to adequate services to meet their health needs. This includes having access to dental treatment. It requires, for example, having sufficient funds for transport to attend appointments and funding for therapy if this is not freely available. It also includes being registered with a GP and it could include access to culturally appropriate support. There is a desperate need for therapists to specialise in evidence-based trauma therapy to help survivors. Specific group therapies should exist for survivors to complement individual therapy.

## Access to education

Key features include: access to appropriate educational institutions and the availability of free courses and colleges; not being discriminated against by educational institutions in terms of course applications and eligibility; and, sufficient funds to travel for courses and legal permission to study (sometimes denied by immigration laws). Access to education also includes foundational courses for work preparedness as well as less formal learning, such as being able to learn and practice new skills e.g., IT, sewing and crafts, photography, art and design, etc.

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## IMPORTANT CONSIDERATIONS

Our outcomes reflect a wide range of research conducted with survivors of human trafficking and modern slavery identifying important post-trafficking outcomes. For instance, in their interviews with survivors, Kiss et al. (2015) found that insecure and dangerous living conditions were associated with increased symptoms of mental ill health. This maps on directly to our outcome around 'secure and suitable accommodation'. Similarly, in their systematic review of 31 studies, Ottisova et al. (2016), stressed the importance of 'post-trauma social support' in protecting against mental ill health for survivors of trafficking. This relates to our outcome around 'long-term consistent support' built on trusting relationships with professionals. Recent research (Murphy et al. 2022) with UK survivors and supporting practitioners also emphasises the importance of the outcome 'long-term consistent support', recommending that support endures beyond the National Referral Mechanism. Ensuring access to education is also a key recommendation in this research (ibid.) and mirrors our 'access to education' outcome.

'Access to medical treatment' is a crucial outcome that has widespread support in the academic literature. In their review, Such et al. (2020) contend that survivors 'experienced high levels of unmet health needs and poor access to health services' due to 'stigma, fear of law enforcement and experiences of discrimination' (p175). In a UK study with 136 survivors, Westwood et al. (2016) report that control by traffickers, requirements for identity documents, and poor access to interpreters were barriers to accessing healthcare. In a study focussing on maternity care, Bick et al. (2017) found that barriers included poor knowledge of access and entitlements, and issues around NHS charging, for example 'being asked to pay for maternity care even when this was not required'. Both Bick et al. and Domoney et al. (2015) suggest that immigration services disrupted continuity of care by forcing people to move accommodation.

The core outcomes reflect the most crucial issues survivors are facing and give rise to a series of urgent recommendations, and the descriptors of our MSCOS outcomes are suggestive of further recommendations about what needs to change in modern slavery services, research and policy.

Participants in our study felt that was essential to include 'safety from any trafficker and other abuser' in the MSCOS. This fundamental outcome was not guaranteed, and survivors talked about the risk of re-exploitation particularly in safe houses. Abusers and traffickers were reported to have access to safe houses, abuse was reported to be ongoing in safe houses, and some safe house staff were reported to be perpetrators or complicit with perpetrators. All of this shows the critical interrelationship between this outcome and the most prominent and consistently highlighted outcome by MSCOS participants, namely, 'safe and suitable housing'. This outcome was partly concerned with unhygienic, overcrowded and ill-equipped safe house accommodation and the need for appropriate and stable housing.

Adherence to the Care Quality Commissions' (2022) criteria on safe houses, informed by the Slavery and Trafficking Survivor Care Standards (Human Trafficking Foundation 2018), could provide a useful guide for improving safe house conditions. Providers should also consider whether safe houses can be survivor-run. This was a recommendation raised numerous times by our RAB and has been shown to be a feasible proposition. In the US, for example, Destiny House is a survivor-led safe house for women who have been subject to sex trafficking. The safe house is a '9-24 month, no charge, transitional estate for sex trafficking women and commercially exploited women' (Hookers for Jesus 2022).

## REPORT RECOMMENDATION

Survivors need to be provided with secure and appropriate safe accommodation to support their recovery, wellbeing and reintegration. Government providers should consider supporting the creation of survivor-managed safe houses.

Our 'compassionate, trauma-informed services' outcome encourages all professionals to develop meaningful relationships with survivors. This means that professionals are honest and sensitive, and survivors feel listened to. The 'long-term consistent support' outcome suggests that these relationships should be consistent. There are challenges to achieving this in the current professional context given the capacity limitations of people's jobs, the professional-client framing and boundaries (used in the Human Trafficking Foundation's 2018 survivor care standards for instance), and the trajectories of a professional's career. Nonetheless, we recommend that professionals can start to overcome these barriers by moving towards a relational ethics approach (see Pollard's 2015 guidance for more information). On a relational ethics framework, compassionate relationships in support services arise out of an active, ongoing relationship based on mutual respect and engagement (Pollard). This approach complements the more safety-orientated Trauma-Informed Code of Conduct advocated by the Human Trafficking Foundation (Human Trafficking Foundation 2018).

## REPORT RECOMMENDATIONS

Professionals working with survivors should understand the key principles of relational ethics and use these to help build more meaningful, trusting relationships.

Service providers could consider directly integrating MSCOS into their survivor support initiatives, for instance in needs assessments and goal setting.

'Access to medical treatment' and 'access to education' both focus on having freely available services, that are accessible and relevant. This encompasses having the funds for transport to attend appointments and education, and ensuring that services do not racially discriminate against survivors. It also means having access to culturally relevant medical treatment as well as a range of education options at different levels and in different areas. Both outcomes focus on access rather than the benefits of using services. This suggests that service providers and policymakers should adopt a broader, structural view around services and opportunities for survivors. An intervention designed to improve access to medical treatment or education will fail if it doesn't consider finances, culture, and structural racism in health and education.

## REPORT RECOMMENDATION

Service providers and policymakers should treat access to medical treatment and education as a structural issue. They should design interventions that address the structural racism and financial deprivation that many survivors endure.

It is crucial to emphasise that the MSCOS is not an exhaustive set. Throughout our project, members of the RAB suggested that while the MSCOS could form a standard set of outcomes, further outcomes should be used to recognise the specificities of survivor experience and tailor a service or policy evaluation/design to the people stakeholders are working with. That is why we have created the Outcomes Longlist. For example, practitioners designing an intervention to support the recovery and reintegration of LGBTQ+ refugees could supplement the seven MSCOS outcomes with these longlist outcomes: 'no discrimination against LGBTQ+', 'better immigration systems' and 'immigration status and documentation'. The longlist is crucial in acknowledging country-specific issues around survivor support and reinforces Asquith et al.'s (2022) call for an understanding of local context in anti-trafficking work.

## REPORT RECOMMENDATION

The MSCOS should be supplemented with relevant outcomes from the Outcome Longlist based on contextual factors and survivor demographics.



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The MSCOS is only for use with adult survivors. This is because experiences of trafficking, state and NGO support, welfare and support entitlements, as well as the outcomes survivors prioritise, do differ between adults and children. Nonetheless, the experiences of older teenagers may overlap with adults in areas such as safety, trauma-informed support, and suitable housing. Hynes et al. (2022) worked with young people at ECPAT UK to develop a core outcome set for child survivors of trafficking. There are some areas of overlap between our outcome sets, and many of the outcomes identified in this project are found across both the MSCOS and the Outcomes Longlist. For instance, Hynes et al.'s outcome cluster around 'participation and the right to be heard', has important overlaps with our outcome 'finding purpose in life and self-actualisation'. Within Hynes et al.'s 'non-discrimination' outcomes cluster, young people identified 'I can access high quality of care' as an outcome, echoing in its details our outcome 'access to medical treatment'.

It could be argued that some of the MSCOS outcomes can themselves be characterised as planned actions that lead to positive results (i.e. they lead to outcomes rather than being outcomes themselves). For example, 'secure and suitable housing' can be important because it leads to better mental health as survivors can practice self-guided interventions in a calm environment and avoid mental health triggers such as loud or violent housemates. This reasoning could be continued infinitely and with much circularity, for example improved mental health might be viewed as a planned action that leads to increased employment prospects due to an increased ability to concentrate.

We suggest against the potentially endless debate around what constitutes an outcome, by arguing that each of our outcomes are an important result and endpoint in the recovery and reintegration journey of survivors. This suggestion is grounded in the participatory nature of our project and the centrality of survivor perspectives in the development of the MSCOS. Outcomes included in the MSCOS and Outcome Longlist were explicitly referred to by participants as key lifegoals and markers of having exited trafficking, described by survivors as symbols of reintegration into mainstream society, or the result of reclaiming some of what was lost during the trafficking experience allowing them to 'feel human' again.

We anticipate that many of the outcome descriptors and qualitative indicators are already assessed by service providers in some way. More intangible outcomes, for instance around self-fulfilment, might initially seem more difficult to measure in service settings. However, these outcomes have been identified by survivors as a priority and we believe that their inclusion is a strength, encouraging stakeholders to centre survivor agency, self-development, and life goals. At this stage it is not yet clear whether all elements of our outcome descriptors need to be present to achieve the outcome. This requires further research. This research could involve a scoping review to identify what measures are currently used in modern slavery work; workshops with survivors on the indicators and measures identified, assessing which are the most sensitive, least intrusive measures and whether survivors prefer to self-report on certain outcomes; and the creation of a rubric of standards to complement the MSCOS.

## RECOVERY, WELLBEING AND REINTEGRATION

Though the Palermo Protocol and European Convention on Action Against Trafficking use the term recovery, participants in the MSCOS exploratory workshops highlighted recovery as a contested term. Recovery, it was suggested, is individually understood and difficult to measure. Many workshop participants felt that the term recovery defines survivors by their trauma experience and implies they have an abnormality that needs to be fixed. Some survivors did not feel that full recovery was possible because the experience of trafficking changed people forever. Accordingly, some people felt that the term recovery dismissed people's experiences. Survivors also explained that they sometimes felt pressure from the use of the term recovery. Recovery is associated with reaching targets and 'getting better'. The term could, thus, ultimately damage survivors' self-esteem. Moreover, recovery was seen by survivors as a binary concept that does not recognise the non-linear journeys survivors go on post-trafficking. Survivors were particularly concerned that when a survivor is deemed to have 'recovered', they may lose access to support, even if they require ongoing or further support at other times throughout their lives post-trafficking. Instead of, or alongside, 'recovery', participants in our exploratory workshops recommended the use of other terms such as healing, restoration and reintegration. These terms can highlight the ongoing, iterative, back-and-forth elements of survivors' post-trafficking experiences, while still focussing on the health and wellbeing.

### REPORT RECOMMENDATION

All stakeholders should be wary about using the term recovery as it is a contested term. Ideally, 'recovery' should always be used alongside other terms such as healing, restoration and reintegration, understood as a cyclical and non-linear.

Initially, the 74 outcomes we discussed at the exploratory workshops were separated into "crisis" and "stabilisation" phases of the survivor recovery journey. This reflected the idea that in the immediate post-trafficking environment, certain outcomes might be essential to secure a sense of safety and to address acute health needs. It was initially thought that these foundational outcomes could lead to longer-term outcomes around employment, education and even home ownership. However, during the exploratory workshops, participants highlighted that this division implicitly assumed an underlying picture in which recovery journeys are linear.

The temptation to develop a model that maps survivor recovery journeys through sequential stages is plausibly imported from related research in trauma recovery more broadly. For example, Judith Herman's empowerment model of healing from trauma is widely cited in the IPV literature and outlines three seemingly sequential stages of recovery for women who have experienced domestic violence and abuse. However, Herman herself cautions against making assumptions of linearity in a

recovery process based on the stages proposed in her model, saying that the stages “are an attempt to impose simplicity and order on a process that is inherently turbulent and complex....No single course of recovery follows these stages through a straightforward linear sequence. Oscillating and dialectical in nature, the traumatic syndromes defy any attempt to impose such simpleminded order” (Herman 1992).

In reality, recovery and well-being is a complicated, cyclical process where different environmental factors could promote or set someone’s journey back – and the survivor participants in this study were quick to point this out. Survivor participants also rightly pointed out that the assumption of linearity additionally puts unnecessary and unhelpful pressure on survivors to “get better” and “move on”.

## REPORT RECOMMENDATION

Service providers, policymakers and researchers should avoid thinking about survivor outcomes based on a linear short-term, medium-term and long-term progression. Rather, stakeholders should accept that needs and support can fade out and come back into relevance over many decades. Services should, therefore, be accessible at any time during a survivor’s life.

## CONSENSUS BUILDING

The MSCOS was developed through a consensus-driven project. The aim of the MSCOS project was not produce a “consensus” of unanimity, where all stakeholders agreed on the same outcomes. This would be practically impossible when bringing such diverse stakeholders together. Rather, the project aimed to create a deliberative consensus (Haug 2015) where a wide range of stakeholders had the opportunity to input and influence the MSCOS, and where everyone agreed that the views of survivors were centred in the outcomes.

The consensus process began in our exploratory workshops where we invited stakeholders to comment on our conceptual framings around key terms such as “outcome”, “recovery”, “crisis” and “post-stabilisation”. Stakeholders also had an opportunity to add and reshape outcomes extracted from interviews and literature reviews. We then used a percentage level of agreement to narrow down outcomes in the E-Delphi, giving greater weight to survivor responses. Finally, stakeholders ranked and re-ranked outcomes in the final consensus workshop to produce a final, widely accepted MSCOS.

During the consensus process we found that some stakeholders did not always understand the thinking behind the choices of others. For example, the ‘less racism’ outcome in Round Zero of the E-Delphi received more comments than any others. Several people felt that ‘less racism’ was not enough, and that the category should

be renamed 'no racism' to highlight the importance of the recovery and reintegration implications for tackling institutional racism across society. On the other hand, a few commentators wanted this outcome to include other forms of discrimination and were confused about the focus on race, felt that policymakers would be put off by the outcome, and implied that sometimes issues that seemed like racism were in fact due to other factors. In all of this, mirroring broader society, there appeared to be a disconnect between people who understood, and perhaps had experienced, structural racism, and those who did not. While we explained in our responses to participants in the E-Delphi why racism was being considered for inclusion in the MSCOS, we found it difficult to meaningfully bridge this understanding within the scope of the MSCOS project. Achieving consensus is difficult in situations such as these, where there are fundamental disagreements based on lived experience. To overcome this challenge, we weighed survivor responses more heavily than those from other stakeholders.

Our decision to weigh survivor responses more heavily, reflects Pearlman and Williams' (2022) conceptualisations of both 'epistemic deference' and 'actional deference'. According to Pearlman and Williams, we ought, morally and epistemically speaking, to believe the testimony of person about 'harms that relate to their [marginalised] identity'. This testimony, they argue, should be taken at face value when the person listening does not share that identity. This is partly because, for instance, a survivor of modern slavery is better informed about the experience of slavery than anyone who has not had this experience would be. Pearlman and Williams further argue that even if a person with a marginalised identity is not believed, action should be taken in accordance with their testimony. This is partly because, for instance, the serious, potentially traumatic nature of survivor testimony requires a 'sensitive and caring' response regardless of whether it is fully understood. The approach of epistemic deference and actional deference adopted by the MSCOS project was accepted by all stakeholders in the MSCOS project and, therefore, meant that controversial outcomes based on lived experience were more readily accepted, even if the premise behind the outcome was not fully understood.

## REPORT RECOMMENDATION

Service providers, policymakers and researchers should avoid thinking about survivor outcomes based on a linear short-term, medium-term and long-term progression. Rather, stakeholders should accept that needs and support can fade out and come back into relevance over many decades. Services should, therefore, be accessible at any time during a survivor's life.

During the E-Delphi survey and the final consensus workshop, stakeholders were asked to narrow down the Outcome Longlist to between 5 and 8 outcomes. Participants found it hard to choose between outcomes as they were all seen as crucially important. In Round 1 of the E-Delphi survey we had no limits on how many times respondents could choose 'strongly agree'. This meant that, in some domains, all respondents selected 'strongly agree' for every outcome. In Round 2 of the survey, we therefore limited the number of times people could select this option. We also explained to respondents that we realise we are asking them to make difficult decisions, that all the outcomes in the longlist are important and that outcomes that don't make the MSCOS will still be shared widely. This produced a greater variety of responses from participants and made it easier to narrow down outcomes for the final workshop. At the final workshop, decision-making was facilitated by the provision of space for participants to share their decision-making process with each other and offer different perspectives for thinking about the outcomes and their relative urgency in real time.

## REPORT RECOMMENDATION

Researchers should acknowledge that achieving consensus is a difficult process for many participants. They should prepare stakeholders by providing suggestions on how to make tough decisions, drawing on lessons from previous consensus projects.

## HOLISTIC THINKING

In this project we defined outcomes as 'the direct or indirect result of a planned action facilitated by an outside party or programme with the aim of facilitating survivor recovery, wellbeing and integration post-trafficking'. This expansive definition of an outcome can encompass a broad range of planned actions for survivors of human trafficking and modern slavery, from a broad range of stakeholders. Through the MSCOS project, stakeholders reached deliberative consensus around an MSCOS reflective of this expansive definition and we hope that it will encourage stakeholders to think about survivor experiences in a more holistic way.

The MSCOS adopts a multi-level and holistic approach encompassing outcomes across a variety of domains that have traditionally been segregated in interventions. Many different types of interventions have been developed to aid the recovery and reintegration of survivors, with some focussing on assisting survivors to address pragmatic issues post-trafficking, some on legal assistance, others on physical health, and others still on mental health exclusively. Across the variety of interventions, it is apparent that many of the outcomes and mechanisms of action that lead to improvement intersect and overlap. This suggests that an effective way to work with survivors is to combine effective components from the plethora of

potential interventions into multi-level interventions that can address the variety of challenges faced by survivors in a holistic way. Complex interventions for survivors of violence in other policy domains (e.g. domestic violence) are increasingly being adopted. In their stakeholder consultation and review of 17 papers, Such et al. (2020) suggest that ‘multilevel and multicomponent intervention strategies were identified across global, national, regional, local and service levels’. This includes interventions that adopted ‘cross-sectoral, multi-agency approaches’ comprising ‘support and crisis intervention, safety planning, educational support, mental health, employment and sexual health services and housing’ (p171).

Yet, there remains a lack of integration between mental health and broader social work disciplines that prevent holistic and multi-level approaches from being mainstreamed – preventing survivors from accessing resources and the integrated support that would give them the best chance of recovery. Inter-agency collaboration and integration should be an important focus in the development of any programme for the recovery and reintegration of survivors of modern slavery. The multi-level and holistic approach of the MSCOS reminds us of this important goal.

## REPORT RECOMMENDATIONS

Researchers and service providers should use the MSCOS to think about interventions more broadly. This means considering all MSCOS outcomes in intervention development and evaluation.

If an intervention for survivors doesn’t cover all the MSCOS outcomes, policymakers, researchers and service providers should either consider amending it or partnering with services or interventions that do. This will necessitate cross-departmental working in government and collaborations across NGOs.

Initially, a few academics were concerned that our outcomes operate across several levels, including on the individual, organisational, governmental, and societal levels. Even within a single level, there is variation. For instance, on the individual level, there are many different actors, from survivors to mental health professionals to service providers to government officials. We successfully explained that our outcomes are not simply survivor outcomes, they are any outcomes that might serve survivors and impact their recovery, wellbeing, and reintegration. The MSCOS intentionally steers us away from a framework in which survivors are seen as solely responsible for achieving recovery and reintegration outcomes and moves us towards a framework that emphasises the important role that institutions and systems play.

## REPORT RECOMMENDATIONS

Stakeholders should consider how outcomes can work on many different levels, including the individual, organisational, governmental and societal levels. Service providers, researchers and policymakers should consider the importance of structural factors in intervention evaluations.

When service providers and researchers are working with individual level outcomes, they should be careful that they do not disproportionately burden survivors. They should involve setting self-development goals and work targets for other stakeholders.

Our findings suggest that a holistic approach to survivor outcomes means considering MSCOS outcomes consistently across time. Some of the core outcomes may seem to be longer or shorter term in comparison to others, and there may be a temptation to measure them at different times. However, in our research we found that they can all be relevant at different stages of someone's journey. As outlined above, recovery, reintegration, and healing are not linear paths. For example, someone may need access to mental health support soon after their trafficking experience and then go for many years without needing any further assistance. Decades later, though, they might experience a trigger event (e.g., moving country, having a family, starting a relationship) that makes mental health support relevant once more.

## REPORT RECOMMENDATION

All MSCOS outcomes should be measured at consistent, regular timepoints regardless of someone's circumstances or years since their trafficking experience.

## SURVIVOR INCLUSION

Employing survivor peer-researchers and assembling a survivor research advisory board was one of the central strengths of this project. Survivor perspectives during our project were instrumental in providing additional insights that could not have been obtained through non-survivor input alone. For example, co-researchers' lived experience meant they picked up on outcomes in the literature reviews that were overlooked by non-survivor researchers. Survivor-conducted interviews utilised survivors' knowledge of how to frame questions sensitively and appropriately.

Survivor involvement, particularly through the RAB, led a better-quality core outcome set and research process. For example, because of RAB guidance, all outcomes were rephrased to give a positive frame, workshop and survey materials for survivors were made more accessible, and a wide range of survivors were involved in the research. Overall, RAB members felt that their involvement had been a positive process, building confidence and having a strong influence over the direction of our work. We managed to balance a sensitivity around trauma with the appreciation of the agency, skills and interests of board. We created trust that researchers are interested in survivors as humans, rather than victims. This was echoed in the comments of one peer researcher, who described being “treated first as human, and second as experts”.

There were many positive impacts through supervision and training of co-researchers, and by learning from co-researcher experiences. Co-researchers identified benefits such as improved confidence and ability to share ideas, improved teamwork and greater understanding and respect of people’s opinions. Some told us that it helped in getting jobs and setting goals by giving them confidence to apply for work and study opportunities. Overall, most survivors viewed their engagement as transformative. The benefits of reciprocal learning to the wider project included openness in interactions with co-researchers and equipping them with improved skills to support contributions to central aspects of the project, such as literature reviews, participant interviews and academic outputs.

Survivors’ past and present traumatic experiences meant the research team had to consider and adapt to the needs of researchers. Trauma could be reactivated through triggering materials encountered during literature reviews, workshop discussions, and participant interviews. Additional pressures related to the asylum process, and physical and mental health concerns, led to some researchers needing to take time out to focus on these. While the team endeavored to follow a trauma-informed approach, complemented by the principles in the Survivors' Voices Charter (2018), challenges in meeting individual needs were encountered with one peer researcher dropping out due to external pressures unrelated to the project. External supervision with a trauma-informed specialist may have helped her communicate and manage her concerns. On reflection, we believe that a longer induction period for survivors would have been useful, where we could have found out more about each survivors’ individual strengths and areas in where they felt most able to contribute.

## REPORT RECOMMENDATION

Survivors should be involved in and remunerated for conducting research and NGO activities (including service and intervention design, evaluation and development), as well as inputting into policy. Involvement should be on their terms, with roles reflecting people’s different experiences and life circumstances. As part of this, survivors should be offered an extensive induction process as well as mental health support for the project duration.



While survivor inclusion was a major strength of the MSCOS project, there was room for improvement. RAB members expressed that it would have been preferable to have a 1:1 induction meeting before the first meeting to explain safety and confidentiality procedures, and to provide more details about what to expect from RAB involvement. RAB members disclosed that they would have felt safer if the team had discussed with them what would happen if they decided to leave the project, and that this was OK to do at any time. Clear guidance for procedures around leaving the advisory board would have been beneficial during the induction process.

In acknowledgement of the principles of collaborative working, survivors were paid for their contribution at every point in the project according to NIHR (2021) rates. Nonetheless, some co-researchers and advisory board members felt the levels of payment were inadequate. They felt that peer researchers ought to be compensated at the same rate as the Principal Investigator on the project. Our response was to offer transparency regarding use of project funds and information about what guidance we followed when deciding upon peer researcher payment. While survivors found this helpful and respectful, they expressed that the option to view the budget ought to have been available from the start, and that there should be more clarity early on about payment details and project overall budgets available across the board in projects.

It is important to acknowledge the limitations of the research framework we operate in. Our funding application was constructed and submitted with minimal survivor input. Survivors did not substantially shape the fundamental research questions, the budget or the methodology. This is due in part to the structure of academic funding applications. Large applications demand established academics as lead and co-applicants and rarely provide seed funding to collaboratively build applications. A lack of early survivor input meant that the role of peer researchers was only established a few months into the project.

## REPORT RECOMMENDATIONS

Service providers, policymakers and researchers should consider facilitating the creation of survivor research advisory boards. However, board members should be provided with appropriate support, structure and clear exit procedures.

Survivors should be appropriately compensated for participation in research, policy or NGO activities, and all financial information relating to a project should be made available to survivors.

Projects, services, evaluations, interventions and policymaking on human trafficking and modern slavery should involve survivors as early in the process as possible.

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## DEVELOPING THE CORE OUTCOME SET FURTHER

As part of the MSCOS project we are establishing a community of practice that will further develop the MSCOS, maintain momentum from our stakeholder workshops, and ensure that the MSCOS is sustainable. The community of practice stakeholders will cultivate a deep level of understanding of the MSCOS at scale, using it in their work and championing it to others. They will also use their knowledge to support the development of the MSCOS through contributing to a knowledge bank of case studies. Our community of practice will also support MSCOS implementation by gaining consensus on developing standards, measures and indicators.

Through the MSCOS, we achieved a form of consensus with the stakeholders who engaged with our research process. However, the MSCOS may need to be revised and a new consensus exercise undertaken if there's a significant global change in the field of human trafficking and modern slavery. Such a change could be a new global support fund organised by the United Nations to provide mental health services to every survivor or the signing of a new international convention on survivor accommodation. The Community of Practice will provide an early signal for any such changes and indicate a need for revision. The community of practice will also help the MSCOS evolve with changing sociopolitical circumstances. Our project, for instance, was carried out in the backdrop of the COVID-19 pandemic, where violence against women increased, access to services were restricted, and social isolation increased (WHO 2020). It is possible that this mix of circumstances created a particular definition or understanding of 'access to medical treatment' and 'access to education' may need to be refined over time.

Ultimately, if our community of practice is successful and the MSCOS is widely accepted, it could make the current iteration of the MSCOS redundant. With interventions and policy focussing on the outcomes in the MSCOS, survivors should eventually see better outcomes in these areas. If there are better outcomes in these areas, then they could become less important and replaced by new outcomes. This process might provide an opportunity to produce more fine-grain outcomes. For example, currently we have a core outcome 'access to medical treatment'. This might, in time, develop to find a specific mental health and wellbeing focus. Within this, some of the outcomes in the Outcome Longlist, such as 'celebrating and thinking positively' or 'self-awareness and emotional expression' might become more salient and warrant inclusion in the core outcome set.

## REPORT RECOMMENDATION

Outcome set developers should acknowledge that the consensus position can change in response to major global events in the trafficking sector and should eventually become redundant if an outcome set is widely accepted and implemented. They should, therefore, provide paths for new and pre-existing stakeholders to adjust outcomes, for example through a community of practice.

The MSCOS community of practice may also provide lessons for improving survivor outcomes more generally. It can, for instance, provide the theoretical and empirical basis for Hilland et al.'s (2022) suggestion for a Global Commission on Modern Slavery and Human Trafficking to recharge political will around the topic. This Global Commission would bring together 'influential figures of renown from politics, civil society, business and research' to 'build the evidence and knowledge base' and 'promote and facilitate... collaborations'. It could be useful to build in community of practice principles such as 'open dialogue between inside and outside perspectives', being responsive to new opportunities and providing space for evolution, being transparent around programme management and governance (Wenger et al. 2022, King et al. 2010). To support anti-trafficking networks and partnerships like the Global Commission, this project will produce a MSCOS community of practice report with lessons learnt and recommendations.

Though each MSCOS outcome has a detailed descriptor that provides some suggestions of what these indicators could be, our community of practice will start to explore this in more detail. A future piece of research around measures and indicators will likely involve: 1) a scoping review to identify what measures are currently used in modern slavery work; 2) workshops with survivors on the indicators and measures identified, assessing which are the most sensitive, least intrusive measures and whether survivors prefer to self-report on certain outcomes; and 3) creating a rubric of standards to complement the MSCOS. This is a substantial piece of work, but will we lay the groundwork through discussion and feedback in our community of practice.

## REPORT RECOMMENDATION

Core outcome set projects should create a community of practice to help develop understanding of the outcome set, explore practical implementation and evaluation, and adjust outcome sets in response to major global changes in the trafficking sector.

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## CONCLUSION

Through a year-long consensus-driven and participatory project, we produced a Modern Slavery Core Outcome set comprising seven outcomes that should, as a minimum standard, be reported on in interventions for survivor recovery and reintegration. Our outcomes emphasise the urgency of building up a consistent evidence base as basic outcomes such as ‘safety from any trafficker or other abuser’ are still not being met.

We are grateful to all the people who felt comfortable to contribute new ideas and share so openly with us. This research project benefitted from a multi-method process, drawing on knowledge from an extensive literature, hundreds of experts by lived experience and profession in international workshops and surveys, and interviews with over survivors. Though our methods are academically extensive, they could yet be supplemented by access to non-English language literature reviews and further interviews with survivors across the world to expand the global inclusivity of the MSCOS.

We drew on the constant guidance of a team of experts across several universities, survivor organisations and NGOs, as well as our survivor research advisory board. This bank of knowledge meant our project benefitted from survivor interview data, peer researcher training, expert academic methodological advice, accessibility processes, and a trauma-informed approach. Through our community of practice, we hope to expand even further the range of people involved in our project. For example, we aim to build on our international partnerships in South Africa, India and the United States to increase the international uptake of our work.

This core outcome set is a constantly evolving process. Our community of practice is well placed and funded to take the MSCOS forward and is crucial for the MSCOS to be effectively and consistently implemented. Given the world’s rapidly changing politics, with new challenges constantly emerging, such as Russia’s invasion of Ukraine and resultant the global energy crisis, we hope that the community of practice will allow for the evolution and responsiveness of the MSCOS over time. We acknowledge, however, that our community of practice is not a panacea for questions on sustainability and implementation. Another substantial piece of research is needed to streamline implementation and provide a robust rubric of standards and bank of feasible outcome measures.

This report is accompanied by a toolkit that is focussed on practical implementation of the outcomes. It has also been informed by two academic papers we have written based on the MSCOS and our survivor-driven approach. We hope that the lessons we learnt from involving survivors will be shared and built on across similar projects. Survivor leadership across all areas was an important outcome in our Outcomes Longlist and something that is crucial to the quality and relevance of all work with survivors. In this spirit, we have facilitated the creation of a survivor influencers group that will hold researchers, practitioners and policymakers to account for MSCOS implementation.

# MSCOS OUTCOMES LONGLIST

This longlist provides an additional 38 outcomes for people to use based on: 1) the project focus and organisational preference; 2) survivor background, circumstance, and journey stage; and 3) country or community specific contexts. You can see the Outcome Longlist, sorted by domain, below.

SAFETY	
Preventing re-exploitation	Survivors need appropriate protection from future exploitation. This includes protection from not only traffickers and related abusers, but from media, charities, and researchers. It also encompasses survivor privacy. This outcome requires survivors to be well-informed about their rights and how exploitation may occur in a variety of contexts.
A safe mental health service, work and home environment	Survivors should have safe spaces to engage in therapeutic work and to express themselves. Mental health services can become safer spaces in several ways, such as: through gender sensitive services, increasing alternatives to hospitalisation, offering therapy in survivors' languages, and using creative or arts-based therapies. A safer home environment is one where survivors can talk freely and receive therapy. A safer work and home environment means that psychological treatment is not set back by home or work stressors and mental health needs are taken into consideration at home and at work.
Family safety and contact	For many survivors, it is important to have healthy family relationships, safe families, and quality family life. This includes tackling stigma within families; spending quality time together as families; learning how to manage family conflict and reduce family violence; appropriate protection from family members for survivors; and survivors being able to protect their children and be good parents.

## SUPPORTIVE SERVICES

Service accountability	Services and charities need to be transparent and accountable, and survivors should feel heard and able to contribute to improvements in services. This includes having efficient complaints systems that survivors feel safe using, having information available on how and who to complain to when necessary, and that charity and service staff are held accountable for their actions.
Survivor choice in services	Survivors should have a choice in the type of services they receive and when they receive them. For instance, survivors should be able to receive services, especially mental health support, at a pace they are comfortable with.

## CONSISTENCY AND STABILITY

Life skills	Life skills are the skills needed for survivors to participate in society and be independent. They cover a range of areas including budgeting, cleaning, and cooking. They include soft skills such as communication skills and understanding social values or norms. Underlying life skills are executive functioning skills (e.g., beginning and finishing a task, being able to organise resources, and to be able to facilitate task completion) and occupational performance skills (e.g., concentration, problem solving, maintaining appearance).
Reclaiming Normalcy and Appreciating the Everyday	Many survivors desire to reclaim a sense of routine and normalcy. It is to be able to enjoy everyday life free from the shadow of trafficking. This means being able to have a consistent family and romantic life; a regular, balanced schedule encompassing friends, education, and employment; and feeling like you have the same basic life as everyone else.

<p>Healthy lifestyle</p>	<p>A healthy lifestyle includes exercise, diet, and general physical health. Survivors should have the resources, skills, and knowledge to be able to cook healthy meals, understand the impact of diet on health, and take part in regular exercise. Through the activities associated with a healthy lifestyle, survivors can relax and take a break from distressing thoughts. Indicators of a healthy lifestyle could include improved sleep, being able to physically eat and move, having energy, fewer headaches, and not being hospitalised for physical issues.</p>
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<p>Affordable and reliable transport</p>	<p>Survivors need sustainable access to reliable transport. This includes learning about vehicular maintenance and basic repairs, how to use a bus (e.g., reading bus schedules, maps, and stops), and how to find support for transport to medical appointments. A vital part of this outcome is having the finances to access public transport or to afford private transport. Transport is integral to stability as it affects access to education, access to health services, obtaining employment, socialising, and many other outcomes on this list.</p>
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**OPPORTUNITIES**

<p>Obtaining and maintaining meaningful employment</p>	<p>Many survivors want to obtain fulfilling employment with the opportunity of career progression. This requires an understanding of the host country's job market, a path to relevant work experience, and to feel capable of working. A key element of this outcome is employer understanding around human trafficking, being flexible with working arrangements and not discriminating against people because they lack understanding about people's permission to work or why their CV might be affected.</p>
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<p>Personal and family prosperity</p>	<p>Prosperity is desired both on the personal and family levels. On the personal level, it means being debt free, having a regular and sustainable income, having the money to be able to travel and visit friends, and being able to afford costs for life events such as a wedding. On the family level, it means being able to give your children a better life, pay for childcare and ensure educational attainment for children.</p>
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<p>Permission to work and study</p>	<p>Survivors need to have the legal right as well as the choice to work or study. This includes having visas or legal documents permitting work and study, as well as access to university/college fee-waivers and work permit application forms. It also means that pressure does not exist where the individual feels forced to work when they are not able to or ready.</p>
<p><b>RIGHTS, JUSTICE AND DIGNITY</b></p>	
<p>Survival needs and state support</p>	<p>Survival needs comprise necessities such as food, clothing, sanitary provisions, and shelter. A key aspect of survival needs is being able to access financial support from the government or charities for housing and services.</p>
<p>No racism</p>	<p>Survivors should not be subjected to dehumanising or criminalising treatment by government institutions, social workers, first responders, and service providers. Institutional racism must be tackled in and by health care systems and institutions.</p>
<p>No discrimination against LGBTQ+</p>	<p>Survivors who identify as lesbian, gay, bisexual, queer, intersex or asexual should not be discriminated against by government institutions, social workers, first responders, or service providers. Public and charity support should be catered to people of all sexual orientations and genders, and not shaped to promote so-called "traditional families".</p>
<p>Access to quality legal representation</p>	<p>Survivors need access to specialist legal advice and to legal counsel with complex case knowledge specifically around the topic of modern slavery and human trafficking. Quality legal representation also includes having translation services in legal settings, legal aid funding that reflects the complexity of cases, and advocacy supporting all elements of cases (from compensation to survivor preparation for court). Funding for childcare to make attending the legal process possible is also crucial here.</p>



<p>Better immigration systems</p>	<p>The immigration system should provide survivors with clear and timely communications and support information during application processes. There should be responsive communication channels to engage with government departments and authorities with delays in support or cases being explained, improving waiting times for an asylum decision, a less adversarial asylum interview process, and automatic status for recognised survivors. Better immigration systems facilitate family reunification if this is desired.</p>
<p>Immigration status and documentation</p>	<p>Many survivors felt that security was obtained via immigration status or the right to remain in their current location. Having secure status and appropriate documentation is important to ensure human rights and entitlements for survivors including access to government financial support and health services. Survivors should not have to fear deportation.</p>
<p>Prosecutions</p>	<p>The justice system must ensure prosecutions following the experience of human trafficking (if it is desired by survivors). Longer prison sentences for traffickers, denying bail to perpetrators, and improving success rates in court could all be important. The statute of limitations should be removed for all forms of modern slavery since at times survivors do not learn that their experience was one of trafficking until sometime later.</p>

**HEALTH AND WELLBEING**

<p>Self-compassion, acceptance and self-worth</p>	<p>Services, policies and interventions should support survivors to prioritise mental health by building self-esteem, having self-love, and cultivating inner strength. This involves survivors not blaming themselves and doing things not just for others but also for themselves. It includes acceptance, which means letting go of the past and accepting that it cannot be changed, but also that a full recovery may or may not exist. Finally, this outcome is about feeling less shame and guilt about the past and current situation (such as accommodation and employment).</p>
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<p>Being able to seek support</p>	<p>Being able to seek support includes having the confidence to access services and being able to reach out and talk honestly to a mental health support worker if needed.</p>
<p>Coping with and processing trauma</p>	<p>Survivors should be supported to develop coping strategies for trauma-related mental health issues (including flashbacks, paranoia, depression, and anxiety). Grounding techniques for dissociation can help survivors to reduce and manage triggers, prevent breakdowns, reduce medications and hospitalisations, as well as changing potentially harmful behaviours. Coping is allied with processing trauma. That is, reaching a place where the memory of the trauma does not impact the body and emotions as strongly, or feeling as if traumatic memories do not have the same emotional quality they once had.</p>
<p>Self-awareness and emotional expression</p>	<p>It is vital to support survivors to express themselves by, for example, being able to speak to others freely or cry, not bottling up experiences, confronting emotions and connecting with them as they arise. This also includes helping survivors understand their strengths and limitations, thought processes, and behaviours (harmful and helpful). Emotional regulation for survivors, being able to control and accept their own emotions without acting upon them in an unhealthy way, is also important for this outcome.</p>
<p>Spiritual wellbeing</p>	<p>For some survivors, spiritual well-being was critical. This is about finding balance in life through spirituality, including religious belief and finding purpose in spirituality or prayer. This outcome includes having transport and funding to access and participate in spiritual and religious activities.</p>
<p>Celebrating and thinking positively</p>	<p>Celebrating and thinking positively is about moving from surviving to thriving by transforming struggles into growth. This means embracing happy days and creating positive memories, spreading happiness to others and having a sense of optimism and hope.</p>

## RECOGNITION, AWARENESS AND UNDERSTANDING

<p>Knowledge of rights and entitlements</p>	<p>An understanding of the immigration process is crucial for many survivors, particularly when people have precarious status and limited rights. For those with secure status, it is important to understand the welfare system and how to navigate complex state systems (health, criminal justice, employment), and to be given information in languages and formats that are accessible to them. There is a concomitant demand for accurate, timely, and clear information from those who worked with survivors and from official government services. Finally, it is important for those who interacted with survivors to have deep rather than superficial knowledge about human trafficking to prevent the denial of rights and ensure safeguarding responsibilities are understood and upheld.</p>
<p>Dignified treatment and belief</p>	<p>Survivors are entitled to fair treatment by institutions, public officials, service providers and first responders such as the police. Legal and law enforcement staff should have specialised training to support survivors and work on trafficking cases. Health practitioners and service providers should take survivor concerns seriously, keeping any scepticism to themselves, and carrying out meaningful assessments without judgement or discrimination. Survivors need authorities and public officials to believe them when they make judgments about their credibility and vulnerability, particularly during immigration interviews and when housing or social service decisions are being made.</p>
<p>Living a stigma-free life</p>	<p>Survivors can often be seen solely as victims, without the ability to solve their problems or make a life for themselves. Survivors are clear that this stereotype has negative mental health implications and must be avoided. This can be difficult in the legal system where victimisation is often the only alternative to survivors being criminalised. This outcome requires increased public understanding of human trafficking and modern slavery.</p>

## BELONGING AND SOCIAL SUPPORT

<p>Healthy relationships</p>	<p>Healthy relationships concern both intimate partners and friends. It is important that intimate relationships don't replicate the exploitative dynamics experienced in trafficking around dependency, abuse and negativity. It is important for survivors to gain an understanding of what healthy relationships look like. Healthy relationships involve being able to assert boundaries and being able to say no. Having healthy relationships also means having friends that are enjoyable to spend time with and who give hope. Healthy relationships are equal on both sides. This outcome also means having the confidence to meet and be open to new people, while maintaining control over who is trusted.</p>
<p>Being part of a community</p>	<p>Many survivors wanted to be supported to be part of a community. This community could be a local one formed of neighbours, one formed around shared interests and hobbies, one centred on nationality, a survivor network, or even just family. It is important that survivors, who may have been excluded or marginalised from their communities pre-trafficking can re-enter society.</p>
<p>Socialising</p>	<p>Socialising encompasses going out with friends, having charity-organised activities to attend, or participating in online social activities. It is also about having someone compassionate and supportive to talk to. It does not necessarily mean that more socialising is always wanted, it is important to have the choice and opportunity to socialise when desired. Long-term or ongoing socialising opportunities, such as through a buddy system might also be important for survivors. Socialising could be in the digital realm as well as face-to-face, and it is vital that survivors can use social media and have support to pay for the internet.</p>
<p>Feeling comfortable in a social environment</p>	<p>Feeling comfortable in the social environment means survivors are familiar with the place they live. It means knowing places to go out to and making friends with those in the immediate social environment (e.g., colleagues). Being able to eat culturally appropriate food is an important way to find a sense of familiarity in new settings. Feeling comfortable can include the ability to speak the host country's language.</p>

## AGENCY AND PURPOSE

<p>Making change and improving policy</p>	<p>Survivors want to see changes in the policies that affect them and more direct engagement with survivors from policy makers. This includes creating alternative routes to obtaining visas or immigration status, and well-funded services that respond to survivors' needs. The ability of survivors to influence government and organisations will help put these changes into action. Survivor activists are more than just "speakers of trauma narratives" and should be recognised for their work. Through the change they make, survivors may feel connected to a wider movement.</p>
<p>Survivor leadership</p>	<p>Survivors should have the choice and support to have their voices heard and assume leadership positions within NGOs and broader society. For survivors to become leaders, services must treat them as partners and allies. This means including survivors not just in informing/advising services, but as staff members, mentors and in leadership positions where they can make a difference. Positive representations of survivors and survivor successes in their chosen fields is also important. These strong voices can create change by challenging oppression, changing policy, and educating others.</p>
<p>Moving on and starting a new life</p>	<p>Being able to start afresh without letting the past interfere with the future (whilst still not forgetting what has happened) is important for survivors. This requires recovering physically, having the mental space necessary to plan and reclaiming a sense of personal identity. Reclaiming personal identity for survivors may involve processing the world anew- parts of our personalities can be lost during trauma. Moving on is about rediscovering, or discovering, what we think/feel/want from the world.</p>
<p>Increased male involvement</p>	<p>Men should feel able to be involved in community activities. It's important that men seek out social and emotional support, and that there are male survivor leaders who can support other men. It is also important for men to play an active role in activism and working toward gender equality in a safe and inclusive way.</p>

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Advocating for self and giving to others	Becoming an advocate is about survivors gaining confidence to help others as well as themselves and being able to contribute to areas such as research, volunteering, and campaigning if one so wishes. This could involve, for instance, speaking assertively with social services, supporting other survivors during police interviews, starting peer support groups or being involved in any form of charitable activity.
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# Modern Slavery Core Outcome Set



To find out more about the MSCOS project you can use the links below:

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