

**MODERN SLAVERY  
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# A rapid, realist-informed review of safehouse provision for survivors of modern slavery and human trafficking

Research report

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## Content note

This report does not include graphic descriptions related to the abuses individuals have experienced. However, discussion will refer to subjects related to modern slavery, human trafficking and exploitation.

## Terminology

### Modern slavery, human trafficking and exploitation

Modern slavery and human trafficking are crimes involving the violation of human, migrant and labour rights. Under the Modern Slavery Act (HM Government, 2015) “modern slavery” serves as an umbrella term encompassing the offences of human trafficking, as well as slavery, servitude and forced or compulsory labour. Although widely adopted in practice in the UK, there remains considerable scholarly and practitioner debate regarding the use of the term to describe the spectrum of human exploitation within the Act. This report has adopted the UK legislative terminology of “modern slavery” but recognises the live and legitimate debate about what is and should be included in the term. Exploitation, in this context, refers to the extreme manipulation of an individual by another for profit or personal gain (UN, 2017). It can take several forms and includes sexual exploitation, forced labour, criminal exploitation (e.g. county lines activities), home based exploitation (e.g. cuckooing) and domestic servitude.

## Safehouse, shelter and refuge

Multiple terms are used to refer to safe accommodation provision for survivors of modern slavery and/or human trafficking within the literature. This includes safehouse (alternative spellings safe-house and safe house), shelter and refuge. This report uses the term safehouse as an umbrella term to refer to accommodation and associated support provided to survivors in the immediate and intermediate post-exploitation period. Accommodation may be provided by either statutory or non-governmental organisations. Shelter and refuge may be used when directly quoting individuals or documentary sources. The term “safe housing” can be used to refer to a range of accommodation options across the short-, medium- and long-term housing spectrum. For example, in the UK context this could refer to private rental accommodation and Local Authority housing. This broader definition of safe housing falls outside the remit of this report.

## Victim and survivor

Most organisations and academics in the UK anti-slavery sector refer to individuals who have experienced modern slavery and/or human trafficking as “survivors”. However, it should be noted that “victim” and “potential victim” are used within some academic papers, reports and official Government documentation, when referring to an individual’s formal identification status. The Modern Slavery and Human Rights Policy Evidence Centre (2024) suggests the term “lived experience” is a more inclusive term and is increasingly used across the anti-slavery sector. Whilst the preferred terminology in this report is “survivor” and/or “person with lived experience”; “victim” and/or “potential victim” may be used when referring to documentary sources or quoting individuals directly.

## Recovery

Recovery in this report draws on the definitions of “personal” (as opposed to “clinical”) recovery from the mental health literature. Anthony (1993: 527) defines personal recovery as:

*“a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles” and as “a way of living a satisfying, hopeful and contributing life even within the limitations caused by illness”.*

In this context, the goal of services is to support individuals to live as well as possible. A key insight from this perspective is that living well involves more than symptom amelioration, but also addressing psychological and social needs, supporting self-management and building individual and community resilience (Slade et al, 2014). This understanding is relevant to work with survivors of modern slavery, who may have mental health symptoms (e.g. those related to trauma) but also a range of other psychological (e.g. self-identity), social (e.g. anticipated and experienced discrimination) and cultural challenges (e.g. dislocation).

# Executive summary

## Background and aim

After exiting exploitation, survivors of modern slavery and human trafficking often require safe and supportive accommodation. Internationally, the safehouse is often the main means for survivors to receive crisis accommodation and support in the immediate and intermediate period post exploitation. Previous research has identified that appropriate, supportive and secure safehouse provision can be beneficial for survivors in terms of promoting recovery and post-exploitation identity reconstruction as well as facilitating community integration and stabilisation. However, not all survivors have a positive experience of the safehouse and in this situation they can be left feeling isolated, vulnerable and unsafe. This rapid realist-informed review examined how, why, for whom and under what conditions safehouse accommodation supports recovery for survivors of modern slavery and human trafficking

## Methods

A rapid realist-informed evidence synthesis was undertaken. Relevant literature was identified via electronic database searches, grey literature sources and a call for evidence. This was supplemented with stakeholder engagement activities including consultation with lived experience advisory groups, lived experience focus groups and consultations with additional stakeholder groups. A total of 25 documents were included in the synthesis (dated between 2008 and 2025). 13 participants took part in the lived experience focus groups and 18 conversations with stakeholders were conducted. Data were analysed to identify contexts, mechanisms and outcomes (CMOs) associated with safehouse provision. Findings were first thematically analysed and then synthesised into a proposed programme theory and translated into stakeholder-specific recommendations.

## Key findings

The review highlights that safehouses are not a single, uniform intervention, but rather a set of diverse accommodation models operating within complex organisational and policy contexts. A typology of seven safehouse models was identified, ranging from traditional group homes to hosting schemes, scatter flats (temporary accommodation scattered around the community) and alternate accommodation. However, the evidence base overwhelmingly focuses on traditional group home models, with limited evaluation of alternative approaches.

Across the dataset, four interrelated themes were identified as central to how safehouses function:

1. **Safety and security:** Physical protection and confidentiality are essential, but overly restrictive or punitive practices can undermine autonomy and replicate dynamics of control experienced during exploitation.
2. **The therapeutic milieu:** The physical and relational environment of the safehouse plays a critical role in recovery. Trauma-informed, culturally responsive and accessible environments support emotional regulation, dignity and agency, while poorly maintained or discriminatory environments can exacerbate harm.
3. **Staff capacity and support:** Consistent, trained and well-supported staff are central to building trust and relational security. Workforce instability, high caseloads and lack of supervision are likely to undermine the quality and continuity of care.
4. **Community connections and transitions:** Recovery is shaped not only by time spent in a safehouse but by how individuals are supported to build social connections and transition into the community. Abrupt or poorly planned exits represent significant risk points for renewed vulnerability.

## Programme theory

The proposed programme theory suggests that safehouses function as relational and environmental interventions, not merely as housing. In enabling contexts—characterised by rights-based safety, trauma-informed and culturally appropriate practice, stable and supported staff teams, and planned pathways into the community—key mechanisms of felt safety, trust, agency, relational security and belonging are activated. These mechanisms support short-term stabilisation, medium-term skill development and emotional regulation, as well as longer-term recovery characterised by autonomy and social inclusion.

Conversely, in constrained contexts marked by resource scarcity, restrictive practices, workforce instability and unplanned transitions, these mechanisms are weakened or disrupted. Under such conditions, safehouse accommodation may stall recovery or, in some cases, reproduce harm.

## Limitations

The review was limited by the resources available, the overall paucity of robust evidence, and inconsistent reporting across studies, particularly in relation to survivor characteristics and types of exploitation experienced. Discussion

of survivor characteristics and forms of exploitation carries a risk of re-traumatisation and therefore requires careful ethical consideration and oversight. However, the limited availability of robust data on these factors constrains the ability to draw firm conclusions about which safehouse models are most effective for specific groups of survivors. This highlights the need for: (1) improved reporting within research studies, particularly in relation to sample characteristics; (2) larger-scale empirical research examining safehouse accommodation and the effectiveness of different models for different groups of survivors; (3) improved access to anonymised, routinely collected data from safehouse providers to support the analysis of longitudinal trends and outcomes for different groups of survivors; and (4) the co-design of trauma-informed research approaches that enable sensitive exploration of survivors' experiences of exploitation, including the type of exploitation experienced.

## Recommendations

This review sets out actionable recommendations to improve safehouse provision for survivors of modern slavery and human trafficking. These are aligned with the programme theory, organised by stakeholder group, and focus on the changes required to strengthen recovery-promoting mechanisms, including felt safety, agency, relational security, and belonging.

### Safehouse providers and service managers

- **Rights-based safety and autonomy:** Apply restrictions only when necessary and proportionate; communicate clearly to survivors.  
**Impact:** Strengthens safety, trust, and autonomy.
- **Trauma-informed, culturally appropriate environments:** Design accessible, therapeutic spaces and embed trauma-informed, culturally responsive practices into routines, activities, and skill development.  
**Impact:** Enhances agency, engagement, emotional regulation, and future orientation.
- **Early, transparent transition planning:** Begin survivor-led transition planning at entry with clear communication.  
**Impact:** Reduces anxiety, vulnerability, and disruption at exit.
- **Embed co-design in service delivery:** Meaningfully involve survivors in the design, delivery and evaluation of services, including through advisory groups, governance roles, and co-design of rules, routines and training.  
**Impact:** Enhances relevance, acceptability, and effectiveness of services, supporting mechanisms of agency, trust, and belonging.

## Frontline staff

- **Relational consistency:** Ensure survivors receive consistent support through stable staffing, consistent practice and support models, and effective communication, with clear structures in place for handovers where changes in case responsibility are necessary.  
**Impact:** Strengthens relational security and engagement with recovery mechanisms.
- **Trauma-informed practice in daily work:** Apply rules and safeguarding practices that preserve dignity, choice, and collaboration.  
**Impact:** Promotes agency, trust, and meaningful participation.

## Policy-makers and system leaders

- **Rights-based and trauma-informed inspection and regulation:** Include autonomy, therapeutic design, workforce support, and survivor experience in accountability frameworks.  
**Impact:** Encourages survivor-centred practice and a recovery-oriented culture.
- **Sector-wide governance and accountability:** Develop collaborative structures for shared learning, benchmarking, and lived experience input.  
**Impact:** Promotes consistent trauma-informed practice and rapid dissemination of effective approaches.

## Researchers, funders and evaluators

- **Trauma- and realist-informed research:** Improve reporting of models and contexts, explore variation across survivor groups, use safe methods for asking about exploitation, and apply longitudinal designs.  
**Impact:** Builds robust evidence to tailor services, inform policy, and optimise recovery mechanisms.

## Conclusion

This synthesis demonstrates that safehouses can play a vital role in supporting survivors of modern slavery and human trafficking, but only when delivered within enabling contexts that activate key recovery-promoting mechanisms. Safehouses should be understood not as short-term containment solutions, but as transitional spaces with the potential to either enable or constrain long-term recovery. Aligning policy, commissioning and practice with the programme theory presented in this report is essential to ensuring that safehouse provision promotes safety, dignity and sustainable recovery for survivors.

## Background

This report aimed to answer the question of for whom and in what circumstances do safehouses promote recovery for survivors of modern slavery and human trafficking. It sought to understand how a safehouse can work to provide safe and appropriate support and to also clarify in what contexts and for whom they are most likely to be supportive. Safehouse accommodation is not assumed a priori to be a positive experience for all survivors. By asking for whom and in what circumstances they work, the research project also aimed to explore for whom and in what circumstances they do not.

Adequate housing is a human right enshrined in international law and relevant to all states (Office of the United Nations High Commissioner for Human Rights, 2014). The Office of the United Nations High Commissioner for Human Rights, (2014) specifies that the right to adequate housing should not be interpreted narrowly:

*“rather it should be seen as the right to live somewhere in security, peace and dignity”.*

The right to adequate housing contains freedoms and entitlements. Freedoms include protection against forced evictions, the arbitrary destruction and demolition of a person’s home; the right to be free from arbitrary interference with one’s home, privacy and family; the right to choose where to live/reside and freedom of movement (Office of the United Nations High Commissioner for Human Rights, 2014). Entitlements include security of tenure; housing, land and property restitution; equal and non-discriminatory access to adequate housing; and participation in housing-related decision-making at the national and community level (Office of the United Nations High Commissioner for Human Rights, 2014). Bonnefoy (2007: 413) summarises this by defining adequate housing as having:

*“a home, a place which protects privacy, contributes to physical and psychological wellbeing and supports the development and social integration of its inhabitants.”*

The health-promoting and health-preserving quality of good housing means it is an important intervention to address health inequalities. For example, Yakobovich

et al. (2022) note that safe, accessible and affordable housing options from emergency shelters to permanent supportive accommodation are crucial to a holistic IPV (Intimate Partner Violence) response strategy. Individuals with serious mental health problems and homelessness, have been found to benefit from Housing First interventions which prioritise stable housing with clinical and social support services linked to them (Barnett et al., 2022). Poor living conditions were found to adversely affect asylum seekers' mental health, with some types of accommodation more detrimental than others (Spira et al. 2025). Collective housing and detention were associated with the highest rates of self-harm; whereas private and community accommodation were alternatives that could promote wellbeing (Spira et al. 2025). Spira et al (2025) propose three themes to explain why housing impacts asylum seeker mental health: lack of autonomy; feeling unsafe; and lack of support.

The lived experience of exploitation means that survivors have often been denied a safe and secure home. In many cases the space where individuals reside is also where they experience extreme physical and psychological abuses, resulting in long term physical and mental health issues. Therefore, escaping modern slavery can often lead to homelessness, destitution and increase the risk of re-trafficking (Human Trafficking Foundation, 2018; Jannesari et al. 2024; Raby et al. 2023). The Organisation for Security and Co-operation in Europe (2022: 241) states that:

*“provision of safe and appropriate accommodation for victims of trafficking is fundamental to the safety of survivors, and therefore the efficiency and success of NRMs”.<sup>1</sup>*

In addition:

*“accommodation that is unsuitable or dangerous is costly at a human level, but also in societal terms because it is far more likely to result in the need for emergency services and interventions than safe and appropriate accommodation that enables victims to have settled, stable lives”*

Organisation for Security and Co-operation in Europe, 2022: 250

1. National Referral Mechanisms (NRM) are co-operative, national frameworks through which Governments meet their obligations to protect and promote the human rights of survivors of trafficking and modern slavery, often coordinating their efforts in partnership with NGOs, private sector, statutory services and other actors working in the field (Organisation for the Security and Co-operation in Europe, 2022).

However, there is no universal definition of what constitutes “safe and appropriate” accommodation within the legislative, policy, practice and academic literature. Article 12 of the European Convention on Action Against Trafficking (ECAT) (Council of Europe, 2005a), outlines the obligations of member states with regards to support provision for survivors of modern slavery and human trafficking. With regards to accommodation, ECAT reiterates the need for it to be “appropriate and secure” and in the accompanying explanatory report (Council of Europe, 2005b) argues that whilst appropriateness should be determined by the individuals’ circumstances, safehouses are particularly suitable due the increased security, presence of staff and ability to respond to emergency situations. Whilst emergency accommodation can serve as an “interim stopgap” and prevent immediate destitution, the 2018 version of the Slavery and Trafficking Care Standards emphasise that temporary solutions:

*“should not be considered to have brought the need for long-term safe and appropriate accommodation to an end”.*

Human Trafficking Foundation, 2018: 129

The 2025 update of the Standards takes a different stance and rather than advocate for long-term solutions instead identifies the importance of “safe, stable and secure accommodation for survivors” and acknowledges “that access routes to such provisions are limited and lacking in many contexts” (Human Trafficking Foundation, 2025: 136). Whilst the revised standards take a more practical and pragmatic, rather than advocacy approach, to accommodation provision they reiterate that:

*“Housing is not only a basic need, it is foundational for survivors’ recovery, safety and long-term wellbeing”*

Human Trafficking Foundation, 2025: 138

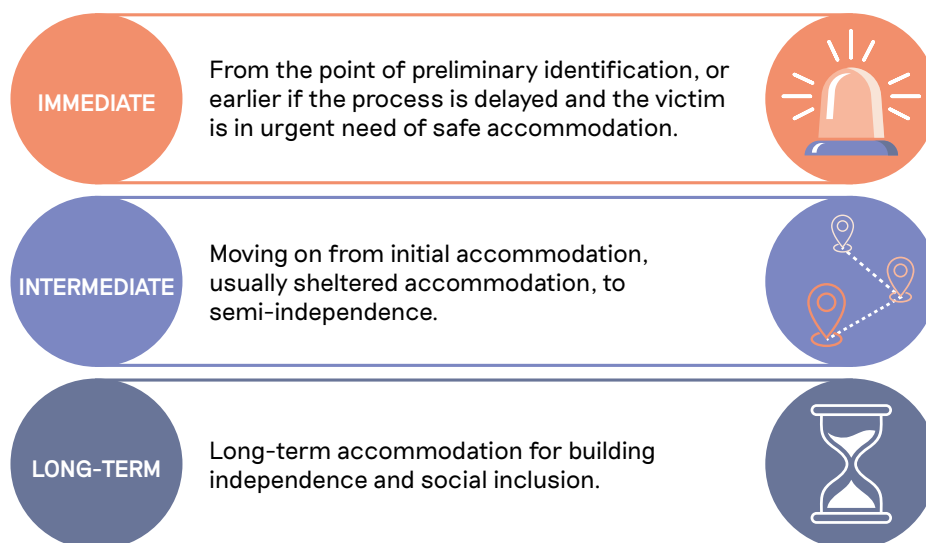
The Modern Slavery Core Outcome Set (Jannesari et al. 2024) has secure and suitable housing as one of seven core outcomes to support survivor recovery and reintegration. The outcome descriptor includes key features which could be used as benchmarks for evaluating housing provision:

*“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 safehouse accommodation being gender-sensitive, allowing for the proper investigation of complaints, having cooking and cleaning facilities, not being overcrowded, and being a place where survivors feel respected.”*

Jannesari et al., 2024: 2385

## Safehouse provision

Accommodation for survivors of modern slavery is usually divided into three stages: immediate (also termed crisis or emergency), intermediate (also known as transitional or temporary) and long term (Organisation for Security and Co-operation in Europe, 2022). Figure 1 summarises these stages:



Organisation for Security and Co-operation in Europe (2022).

Figure 1: Three stages of accommodation for survivors of modern slavery/human trafficking.

Safehouse accommodation is typically associated with the immediate and intermediate stages of a survivor’s housing journey, when the need for security is at its highest (Tutty et al., 1999). Access to a safehouse also facilitates support including healthcare, legal advice, welfare and vocational opportunities. However, there is no single, universally binding definition of “safehouse” in academic research, practice, policy or law. Instead, international instruments such as the UN Trafficking Protocol (United Nations, 2000), ECAT (Council of Europe, 2005a) and national laws such as the UK Modern Slavery Act (HM Government, 2015) define the safehouse operationally by listing required functions,

standards and protections. For example, by highlighting expected provisions such as a confidential address, the presence of security measures, risk/needs assessments and a trauma-informed approach to care.

The lack of an agreed definition can allow for flexibility in terms of service provision. For example, the Organisation for Security and Co-operation in Europe (2022) highlight that in international settings it is not possible to stipulate frameworks and models of provision as these need to consider the local context and culture. It also acknowledges that what meets the needs of one survivor may not be the same for another (The Human Trafficking Foundation, 2023). Limitations associated with a lack of definition include making it hard to enforce a high standard of housing or challenge a provider's claim that accommodation is appropriate if a survivor does not agree (The Human Trafficking Foundation, 2023).

## Safehouse provision in the UK

To meet its obligations under ECAT (Council of Europe, 2005a), the UK Government in 2009 instigated the National Referral Mechanism (NRM) as the route for identifying and supporting survivors of modern slavery post-exploitation. Since 2011 the support component of the NRM has been administered by the Salvation Army in England and Wales, initially via the Victim Care and Coordination (VCC) contract and from January 2021 the Modern Slavery Victim Care Contract (MSVCC). The Salvation Army subcontracts to 13 different Non-Governmental Organisations (NGOs) to provide direct support to survivors. In Scotland and Northern Ireland, statutory support is provided by Migrant Help and TARA (Scotland), and by Migrant Help and Women's Aid (Northern Ireland). It should be noted that the Welsh Government also funds the NGO BAWSO to provide safehouse accommodation to survivors within Wales. This is separate to MSVCC provision. The number of spaces available within MSVCC safehouses is flexible and varies according to demand. There are no figures publicly available for the current number of safehouse spaces provided under the MSVCC. Following a Freedom of Information request to the Home Office in 2020, Hibiscus (2020) reports 581 safehouse bed spaces were available that year to accommodate referrals into the NRM. In their report the Care Quality Commission (CQC), state that between January 2021 and June 2022 they inspected 143 safehouse and outreach locations in England and Wales (CQC, 2023). However, it is not clear from the report whether the figures cited included repeat inspections.

In addition to Government-funded accommodation via the MSVCC, survivors of modern slavery may also access safehouse accommodation outside of the statutory support mechanisms for those individuals who: (1) need support prior to entering the NRM; (2) have left the NRM either after a conclusive grounds decision or have dropped out of provision; (3) are referred to the NRM but do not enter support, for example, are unable to be contacted by the Salvation Army;

(4) do not want to access support via the NRM or refuse consent to enter the NRM; or (5) are deemed to be in receipt of safe and secure housing.

A core part of MSVCC provision is the entitlement to appropriate and secure accommodation. However, this does not necessarily equate with access to a safehouse. Whilst in some countries a shelter, refuge or safehouse is the main site for support provision after exploitation (Surtees, 2013), in the UK an individual's circumstances will affect the accommodation options available to them. For example, they may be housed in asylum accommodation or local authority housing if they are eligible and these are deemed to be safe and appropriate. Only a minority of survivors are housed within an MSVCC safehouse. As the Modern Slavery Act Statutory Guidance (2025, Annexe F para 15.10) states:

*“The Modern Slavery Victim Care Contract (MSVCC) provides potential and confirmed victims (‘victims’) secure and appropriate accommodation where necessary. Accommodation is provided on a temporary basis, to help lift victims out of situations of exploitation. The MSVCC works alongside other accommodation providers to ensure MSVCC accommodation is provided only to victims where necessary.”*

In the year July 2024 to June 2025, 15% of survivors receiving support from the MSVCC were in safehouse accommodation (10% in accommodation only and 5% receiving both accommodation and outreach), compared to 85% receiving outreach (The Salvation Army, 2025). For those exiting support in the same timeframe, the mean number of days in service per person for those accessing accommodation was 131 in comparison to 814 in outreach (The Salvation Army, 2025). In 2027 the new SVMS (Support for Victims of Modern Slavery) contract will replace the MSVCC. At the time of writing, the tendering process is ongoing and whilst the specific details of the new contract and its potential suppliers are not known, the tender notice published online on the 9<sup>th</sup> July 2025 has accommodation as one of its five key pillars (alongside support workers, financial support, psychological assistance and digital tools and technology). Emphasising the role that safehouses can play in preventing re-exploitation the tender notice states:

*“Service users at risk of re-exploitation or destitution can access safe accommodation that meets their needs and level of independence.”*

However, like the MSVCC the expectation is that:

*“Most service users will not require accommodation from the service and will receive outreach support.”*

Safehouse accommodation is therefore a small part of service provision, in the UK. However, for those survivors who do reside in a safehouse it can have a profound impact on their wellbeing and long-term recovery. Appropriate and secure provision can reduce feelings of isolation and fear (Nicholson et al., 2019), facilitate post-exploitation identity reconstruction (Raby et al. 2023) and promote community integration and stability (Smith & Hewitt, 2018). There is, however, emerging evidence that not all survivors have a positive experience within a safehouse (including statutory and non-statutory provision). In this situation individuals can be left feeling isolated, vulnerable and unsafe (Schwarz & Williams-Wood, 2022). Excessively strict rules can reduce independence and lead to feelings of disempowerment (Cagney et al., 2019). The BASNET (2024) report, *The Safehouse is not Safe*, identified several issues within some statutory safehouses in England and Wales that affected survivor wellbeing. This included: racial discrimination, poor living conditions, unclear or missing procedures and sexual harassment (BASNET, 2024). BASNET (2024) also noted the lack of research looking at what works (or not) in terms of promoting survivor recovery within the context of a safehouse.

## Summary

In summary, safehouse accommodation provides a vital but temporary support function for those exiting exploitation. Internationally the safehouse (or shelter) is the main means of connecting survivors to support. In contrast, within the UK the numbers of people accessing designated modern slavery safehouses via statutory provision is relatively small. Regardless of the numbers, the impact (positive or negative) on survivors accessing safehouses is significant in terms of their long-term recovery. As there is no agreed definition of a safehouse, the following is proposed for the purpose of this report:

***“A safehouse is a secure, confidential and time-limited residential facility for survivors of modern slavery and/or human trafficking who have exited exploitation. They provide emergency accommodation, physical security and trauma-informed support. This includes meeting and/or facilitating access to support for basic needs, legal support, psychological assistance, risk assessment, safety planning, case management and a planned pathway to independent and sustainable accommodation”.***

By exploring the questions of for whom, how and in what circumstances safehouses promote recovery (or not) for survivors of modern slavery and human trafficking, this report aims to start to address the issue of what works in terms of safehouse provision.

# Methodology

A rapid realist-informed approach underpinned the study. Traditional systematic review approaches often adopt more deterministic and linear framings of evidence, addressing questions such as “does A lead to B?” (effectiveness reviews) or “is A acceptable or meaningful to a particular group?” (qualitative evidence syntheses). In contrast, realist reviews use evidence to develop and test the programme theories that underpin interventions.

Programme theories are hypothetical explanations describing how and why a programme, service, or intervention is expected to generate particular outcomes. Initial programme theories are typically developed from the literature and expressed as conditional propositions (e.g. “if...then...” or “if...then...because...” statements). For example, if X is introduced in a particular context, Y is expected to occur. Data extraction within a realist review therefore focuses on identifying the contexts, mechanisms, and outcomes (CMOs) associated with an intervention, and examining how these interact to produce outcomes. As Jagosh et al. (2022) summarise:

*“Context is the backdrop of programmes, whereas mechanism is how stakeholders respond to resources. Outcome is measurable impact at the behavioural, clinical or system level.”*

While this definition usefully distinguishes between context, mechanism and outcome, Dalkin et al. (2015) emphasises that mechanisms should not be understood as a binary on/off. Instead, they operate on a continuum and may be activated by varying degrees depending on contextual conditions. Dalkin et al. (2015) therefore, conceive of mechanisms as operating like a dimmer switch with contexts amplifying, dampening or distorting how mechanisms are experienced leading to stronger, weaker or unintended outcomes.

Pawson et al. (2005) argue that realist reviews aim to provide practical guidance to practitioners and policymakers on how to alter the context or resources so that mechanisms are triggered to produce the desired outcomes in complex interventions.<sup>2</sup> In summary, a realist review asks, “what is it? about A that results in B happening for whom and in what circumstances?” (Bhaskar, 2008). Therefore, for this project, the objective was to explain how a complex intervention such as a safehouse works (or not), for which populations, in specific contexts.

2. Complex interventions are a core feature of health, public health and social care provision. The term refers to interventions (including services) that contain several components (for example behavioural, organisational, environmental and policy measures) that interact either independently or interdependently to produce change across multiple levels and contexts.

A realist evidence synthesis requires access to literature that provides sufficiently rich and detailed accounts of intervention design, implementation processes, and causal mechanisms to support the identification and refinement of context–mechanism–outcome (CMO) configurations (Wong et al., 2013). Where such detail is limited or unevenly reported, the capacity to develop robust causal explanations is constrained (Marchal et al., 2012). The paucity of literature relating to intervention delivery and evaluation within the anti-slavery sector is well documented (Balch & Hesketh, 2024; Bryant & Landman, 2020). Available studies are often methodologically and conceptually heterogeneous, with a predominant focus on programme outputs and end-point evaluation rather than implementation processes (Bryant & Landman, 2020).

Realist methodologies exist along a continuum of application, ranging from fully theory-driven reviews to syntheses that draw selectively on realist principles to strengthen explanatory interpretation. Realist-informed approaches adopt the latter position and represent a methodologically appropriate response where evidence is limited or uneven. This enables reviews to illuminate contextual factors shaping how interventions function, rather than producing a fully specified and transferable programme theory.

The exploratory scope of realist reviews has also been subject to critique. Saul et al. (2013) note the potential for “scope creep” as review boundaries expand during theory development. In response, Rapid Realist Review methodologies were developed to apply realist principles within streamlined evidence synthesis processes, with the aim of producing findings that are timely and useful for decision-makers. Such approaches are particularly valuable when addressing emerging or time-sensitive issues under constrained resources (Saul et al., 2013). Rapid realist reviews have therefore been described as “robust but not comprehensive” (Saul et al., 2013).

Accordingly, this review adopted a rapid, realist-informed approach to explore the contextual factors, underlying mechanisms, and outcomes associated with safehouse provision for survivors of modern slavery.

## Ethical approval

Ethical approval was obtained from the Faculty of Medicine and Health Sciences Research Ethics Committee, University of Nottingham (Reference Number: FMHS-81-0125).

## Protocol registration

The review protocol was prospectively registered with PROSPERO 2025 (CRD 420250655123) and made publicly available via figshare (10.6084/m9.figshare.28590194) and the Modern Slavery PEC website. Protocol registration enables transparency of reporting. Changes to the protocol are outlined at the end of the methods section. All searches and data collection were conducted following protocol registration.

# Methods

The approach to collecting data and identifying relevant sources was informed by the stages outlined by Saul et al (2013). This is summarised in Figure 2 below.



Figure 2: Summary diagram of data collection process.

## Stakeholder engagement

A realist approach to evidence synthesis takes the view that all data sources are “*potentially fallible, limited and subjective by their very nature*” (Jagosh, 2019). To mitigate this, a diverse range of sources are used to identify “nuggets” of wisdom (Pawson, 2006) which provide insights into the causal mechanisms of a complex intervention. These include empirical studies, opinion articles, editorials and the grey literature (for example NGO reports, blog posts and social media content). In addition to written sources, stakeholder engagement (Saul et al. 2013) and “real-world experience” (Kantilal et al., 2020) is central to rapid realist informed approaches. Saul et al (2013) suggests stakeholder engagement can: (1) ensure the research questions asked are meaningful to the end users; (2) suggest evidence sources to be included; (3) check emerging insights and (4) fill in gaps with practitioner and lived experience. This approach is also supported by arguments made by survivors and lived experience advocates regarding epistemic justice which state literature reviews should contain a broad range of evidence as lived experience is just as valid a form of knowledge as empirical research. This project utilised the following methods to engage with a diverse range of stakeholders: (1) consultation with established lived experience advisory panels

at the University of Nottingham Rights Lab and the Modern Slavery PEC; (2) focus groups with lived experience participants; and (3) key informant conversations with stakeholders.

## Consultation with lived experience advisory panels

Two lived experience advisory groups were consulted during the project: the University of Nottingham Rights Lab Survivors Research Advisory Board (SRAB) (n = 7, 4 women and 3 men) and the Modern Slavery PEC Lived Experience Advisory Panel (LEAP)<sup>3</sup> (n = 2, both women). Meetings were held with both groups to (1) define the scope of the review (SRAB); (2) provide insights into emerging findings (SRAB and LEAP); and (3) explore the implications of findings from a lived experience perspective (SRAB and LEAP).

## Lived experience focus groups

The project partner organisation BASNET convened two lived experience focus groups (n = 13). The aim was to explore and refine ideas about how and why safehouse accommodation could work (or not) for whom and in what circumstances. Discussion points explored what came to mind when the term safehouse was mentioned; what would the ideal safehouse accommodation look like in terms of physical environment, governance processes, staffing and support provision; and how did the ideal match with the participants lived experience.

Participants were recruited through BASNET's networks, with study information distributed directly to potential participants. Individuals who expressed interest (n = 30) completed a short screening interview with a BASNET staff member. The purpose of the screening interview was to assess eligibility and support purposive sampling to ensure representation of diverse experiences and geographical locations within the focus groups. To be eligible, participants were required to have resided in safehouse accommodation specifically for survivors of modern slavery or human trafficking in the UK within the previous five years. Individuals who had only stayed in National Asylum Support Service (NASS) accommodation were not eligible. Safehouse accommodation could have been accessed either through the NRM or outside statutory support arrangements. Participants who had taken part in BASNET's previous project, *The Safehouse is not Safe* (BASNET, 2024), were excluded from the sample.

Focus groups were conducted online using MS Teams. All participants provided written and verbal consent for the sessions to be recorded and transcribed

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3. It should be noted that two members of staff from the Modern Slavery and Human Rights Policy and Evidence Centre were also present during the meeting with the Lived Experience Advisory Panel. Izzy Templer took notes and Giselle Cuffe observed. Only comments from those with lived experience are included within the report.

using MS Teams' automated transcription function. Transcription and interviews were conducted via the University of Nottingham's secure MS Teams system. Transcripts were manually checked and fully anonymised to protect participant confidentiality.

Of the 13 participants, eight identified as male and five as female. Nine were still residing in safehouse accommodation at the time of the focus group. Participants had accessed safehouse accommodation across the UK (England, n = 6; Northern Ireland, n = 1; Scotland, n = 5; Wales, n = 1) for a mean of three years (range: 2–6 years). Not all participants reported their country of origin, but among those who did, many were not from countries traditionally considered sources of trafficking into the UK. Examples included Ivory Coast, Libya, Madagascar, Niger, South Africa, Tanzania, and the USA. To maintain a trauma-informed environment, participants were not asked about the type of exploitation or modern slavery/trafficking they had experienced. To maintain confidentiality and protect participants' privacy, participants were reminded not to disclose the content of the focus group discussions to anyone outside the session.

## Key informant conversations

Purposive, snowballing and convenience sampling techniques were used to identify key informants to participate in individual and small group conversations. The conversations followed a semi-structured approach with key themes from the literature and focus groups explored. They also sought to highlight any contextual differences in provision, for example across geographical locales. In a research context, a key informant is defined as someone who possesses expert knowledge and experience (lived and/or learnt) related to a particular issue, community or context. A key informant can provide valuable insights based on their experience or position (Marshall, 1996). Participants provided expertise of safehouse provision from diverse perspectives: lived experience (n = 3), policy (n = 6) and direct service provision (n = 9), and different geographies: England (n = 7), Northern Ireland (n = 3), Scotland (n = 3), Wales (n = 3) and international (Australia and Nigeria) (n = 2). Participants gave consent to have written notes made during the conversations. Where requested these were sent to participants to be checked for accuracy. A total of 18 key informant conversations were conducted.

## Research question development

The area of interest and research question were identified and refined in consultation with stakeholders, as recommended by Saul et al. (2013). The study responds to gaps in the existing evidence base and issues highlighted in the BASNET (2024) report, which outlined four key concerns for survivors related to safehouse provision:

1. Discrimination by staff based on survivors' race, gender, ethnicity, religion and sexual orientation.
2. Instances of sexual exploitation and harassment were reported, raising concerns about residents' safety.
3. Structural defects, rat infestations and the absence of safety protocols indicating that properties were not maintained to a good standard.
4. Poor complaint handling, for example complaints not followed up consistently and survivors feeling victimised when raising concerns.

Concurrent with the BASNET report, meetings with the University of Nottingham Rights Lab Survivor Research Advisory Board (SRAB) consistently identified housing and accommodation as problematic areas of support. SRAB members emphasised that "healthy housing" can promote mental and physical wellbeing and reduce the risk of re-exploitation, yet survivors often reside in unsafe environments presenting hazards such as mould, damp, or high-crime locations. Accommodation may also fail to meet cultural or spiritual needs, contributing to isolation from supportive communities. Drawing on the BASNET report and SRAB insights ensured the review focused on issues of importance to those with lived experience.

In addition, an initial scoping search using Google Scholar was conducted in January 2025 to (1) identify any existing literature reviews and (2) explore initial concepts related to safehouse provision. Iterative engagement between the scoping results, the BASNET findings, SRAB insights, and consultations among the research team and the Modern Slavery PEC informed the feasibility of the review, the realist-informed focus on "how, for whom, in what circumstances, and why," and the outcome of interest (recovery). Throughout this process, emphasis was placed on producing actionable recommendations to improve survivor experiences.

## Search strategy

The following multi-stage search strategy was used to identify relevant literature for inclusion in the review:

1. An electronic search of bibliographic databases (including those focussed on grey literature sources).
2. Limited Cluster searching using pearl citations (Booth et al., 2013).
3. Expert recommendations.
4. Website searches of relevant UK and International Organisations.
5. Call for evidence distributed via the Modern Slavery PEC, project partner BASNET, the Human Trafficking Foundation newsletter and social media.
6. Hand search of the journal Anti-Trafficking Review.

Two key concepts were identified for the literature search: modern slavery and safehouse accommodation. Synonym lists were generated from these concepts by reviewing the search terms used in related systematic reviews (for example reviews related to safehouse accommodation in different populations), brainstorming with stakeholders and in consultation with the University of Nottingham Library Support Service. An example search string is included in Appendix 1. Title, abstract and keyword searches were then completed for each synonym list separated by "AND" operators in 6 databases: PsycINFO (Ovid), CINAHL Plus (EBSCO), Medline (Ovid), Web of Science (Core Collection), SCOPUS and ASSIA (ProQuest). Searches were limited to English Language sources only. Mendeley was utilised to remove duplicates and collate the bibliographic records. No date or geographical limits were applied to the searches. Papers and documents retrieved from the database searches, website searches and call for evidence were screened against inclusion/exclusion criteria – see Table 1.

Inclusion criteria	Exclusion criteria
Working age adults (18-65 years).	Exclusive focus on children and young people (under 18 years).
Empirical studies, reports or other grey literature referring to experiences and outcomes related to safehouse accommodation (also referred to as shelters and refuges) specific to survivors of modern slavery and human trafficking.	Exclusive focus on older adults (over 65 years).
Empirical studies, reports or other grey literature which refer to both adult and child samples where there is extractable data related to the focus of this review (working age adults).	Empirical studies, reports or other grey literature referring to experiences and outcomes related to safehouse accommodation with an exclusive focus on populations other than survivors of modern slavery and human trafficking. For example accommodation for asylum seekers, survivors of intimate partner violence and children.
Empirical studies, reports or other grey literature which refer to a mixed population of survivors of modern slavery and human trafficking with other groups (for example survivors of intimate partner violence) where there is extractable data related to the focus of this review (modern slavery and human trafficking).	Empirical studies, reports or other grey literature referring to experiences and outcomes related to accommodation options other than safehouses for survivors of modern slavery and human trafficking.
Reported in English.	Empirical studies, reports or other grey literature referring to forms of trafficking not related to modern slavery and/or human trafficking. For example, drug trafficking.
	Empirical studies, reports or other grey literature referring to historical slavery.
	Reported in languages other than English.

Table 1: Literature review inclusion and exclusion criteria.

## Document selection and appraisal

After the removal of duplicates, titles and abstracts were screened and full text versions sought for documents that met the inclusion criteria. A second author screened 10% of papers at the title and abstract screening stage. Discrepancies were resolved via email discussion. All included documents were reviewed and agreed by a second author. Quality of evidence in rapid realist-informed reviews is assessed for relevance and rigour and is determined by asking first, “does the document contain any data that can contribute to developing or testing theory?” (relevance) and second “are the methods (if any) utilised to generate the relevant data trustworthy and credible?” (rigour) (Saul et al., 2013). Due to the low numbers of included documents, none were excluded based on quality. However, the quality of sources informed the interpretation of findings, with more robust evidence given greater emphasis.

## Data extraction, analysis and synthesis

Data on basic study demographics and characteristics were extracted, including authors, year of publication, geographical location, population, sample size and characteristics, study design, description of safehouse accommodation, and key findings. Where reports did not provide any of this information, this was noted. Data were also extracted and analysed to identify the contextual conditions and mechanisms that facilitate—or inhibit—supportive safehouse accommodation (outcomes) for survivors of modern slavery. Recurrent patterns of contexts, mechanisms, and outcomes were then identified, collated, and, where possible, combined into themes. Insights from focus groups, lived experience engagement, and key informant conversations were incorporated to provide real-world perspectives. Across the entire dataset—including the literature review, focus groups, lived experience engagement, and key informant discussions—evidence presenting contradictory or alternative views was actively sought and considered.

## Amendments to protocol

Registering and publishing protocols prior to undertaking research (including literature reviews) facilitates transparency of reporting. The following amendments to protocol were implemented:

1. **Practitioner survey.** The practitioner survey was not circulated. Instead, a wider range of stakeholder engagement activities were undertaken. This included consultation with the Rights Lab and the Modern Slavery PEC Lived Experience Groups and key informant conversations with different groups.
2. **Contacting safehouse providers for relevant documents.** Rather than directly approaching organisations, only information available publicly via organisational websites was included in the review.
3. **Limiting database searches to 2015 onwards.** Due to the paucity of literature identified, the date limit was removed from all literature searches.
4. **Handsearching of Anti-Trafficking Review Journal.** It was noted that this key journal was not indexed consistently in the electronic databases and so a hand search of the issues available online was conducted.
5. **Description of safehouse accommodation added to data extraction template.** Due to the variation in immediate and intermediate accommodation structures classified as a safehouse, a description of the safehouse was added to the extraction template.
6. **Presenting preliminary findings to key stakeholders for validation.** Time and resource constraints limited the options for engaging with stakeholders regarding the preliminary findings.

# Findings

The search strategy identified 1670 citations. After the removal of duplicates (199), 1471 titles and abstracts/executive summaries were screened. Following screening 1382 citations were removed. 88 full texts were assessed (1 report could not be accessed). A total of 25 documents met the inclusion criteria. Figure 3 summarises the literature search and review process.

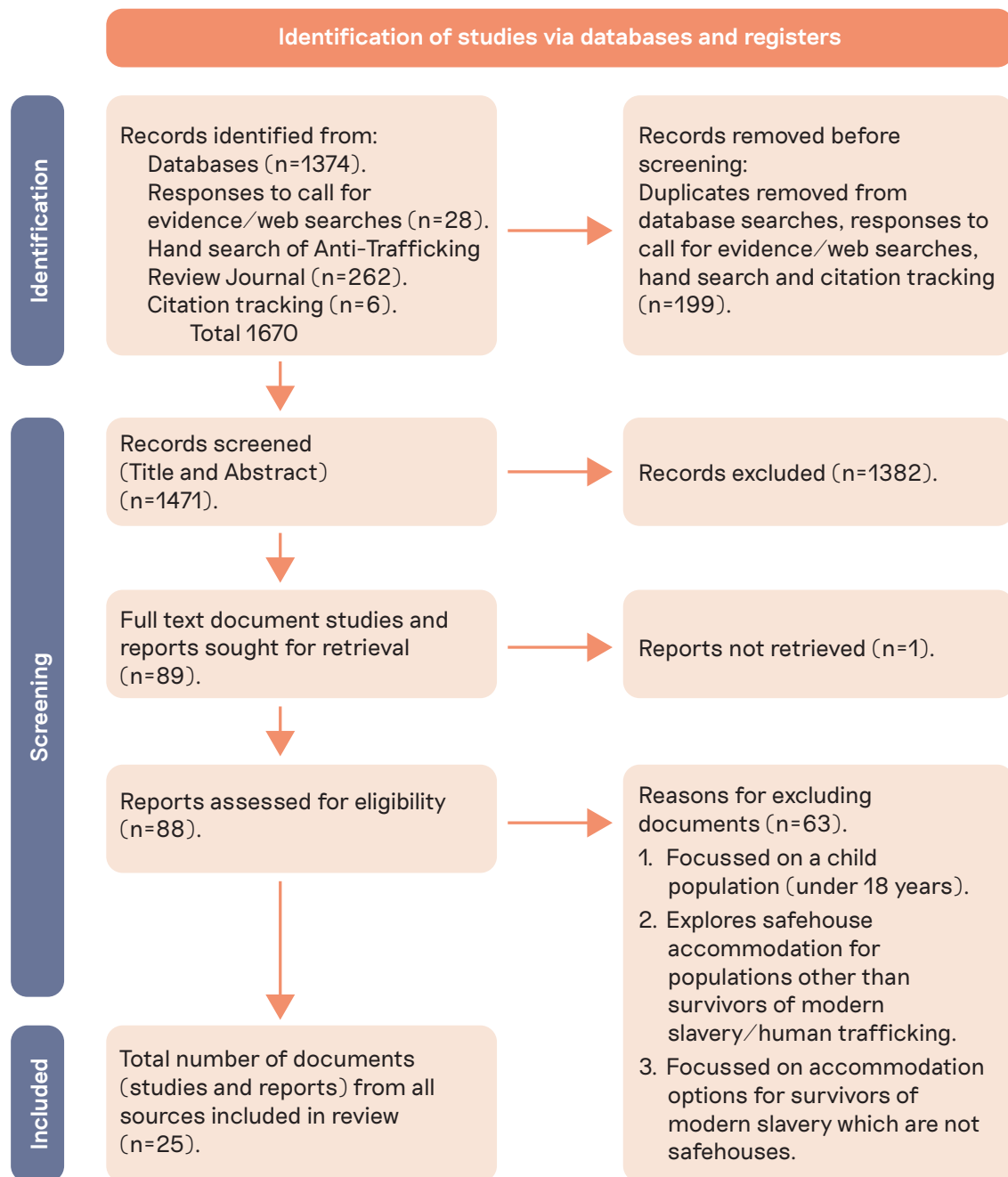


Figure 3: Summary of the search strategy and results using an adapted PRISMA (Moher et al., 2020) diagram.

The findings are reported in four main sections:

- 1. An overview of document characteristics.** This section of the findings situates the review within its evidence base. It outlines the types of documents included, the geographical spread and the sample demographics where reported. Due to the diverse range of document types and study designs, the overview provides the nature, scope and contextual background of the literature informing the findings. It highlights areas which have been explored as well as those where the evidence is lacking. This enables assessment of the transferability of the claims made and why certain mechanisms, contexts or populations are either featured or under-represented.
- 2. A description of safehouse characteristics.** The typology of safehouse structures clarifies the contextual heterogeneity within service provision, if not necessarily reported within the literature. Making these differences explicit prevents false assumptions that safehouses are a single uniform intervention. It also allows for gaps between provision and the evidence base to be highlighted. Within this review a typology of 7 safehouse structures is proposed
- 3. A thematic analysis of how safehouses work.** Organising evidence into themes increases the transparency of the synthesis by demonstrating the diversity of experiences and settings that have been included. Thematising in this review has focussed on identifying the core mechanisms related to the function of a safehouse (how it works). These are: safety and security; the therapeutic milieu; staff capacity and support; and community connection and transition.
- 4. A summary of principle findings and a proposed programme theory.** This provides a concise synthesis of the key patterns identified across the dataset. The proposed programme theory offers a potential explanation of how a safehouse could work to support survivor recovery.

Throughout the reporting of the findings, citations and exemplars from the included documents and quotes from the lived experience focus groups are used for illustrative purposes. Appendix 2 provides a full summary of the included documents. Some documents contributed to more than one theme. Relevant literature from other sectors is used to add depth to the findings and to provide theoretical insights as per a realist-informed approach. Within the findings, italics are used to indicate direct quotations, [ ] are used within quotes to indicate where information has been removed to preserve anonymity. Ellipses show where text has been deleted to aid readability.

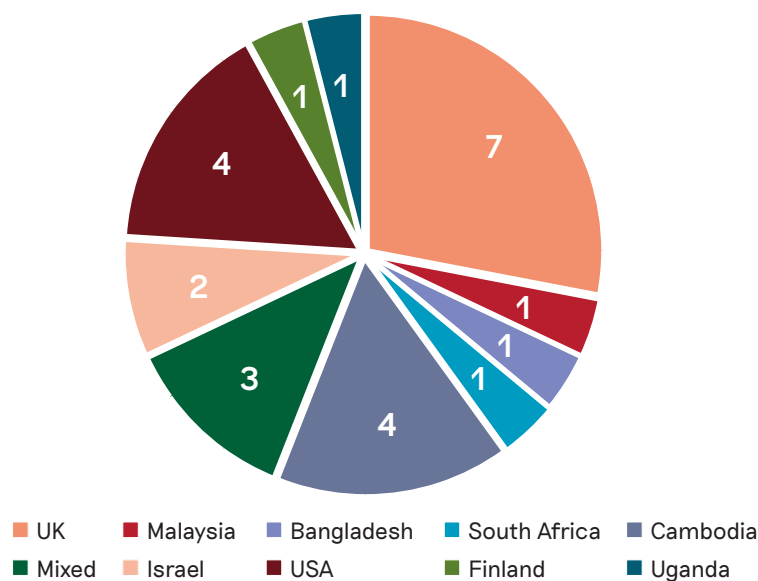
## Overview of document characteristics

A total of 25 documents met the final inclusion criteria (see Appendix 2). Of these, 20 were empirical studies or reports based on empirical data. The remaining five were: a Care Quality Commission (CQC) inspection report (Care Quality Commission, 2023); the Slavery and Trafficking Care Standards (Human Trafficking Foundation, 2025); a personal reflection (Mikeal, 2023); the OSCE National Referral Mechanism Handbook (Office for Security in Europe, 2022); and a practice development project (Jones et al., 2019).

Fourteen documents were published in academic peer-reviewed journals (12 empirical studies, 1 personal reflection, and 1 practice development project). Two were full research reports (Garbers et al., 2022; Hacker & Cohen, 2012), and nine were grey literature sources (six NGO reports based on empirical data, one inspection summary report, one policy report, and one Slavery and Trafficking Care Standards). The documents spanned 2008 (Surtees, 2008) to 2025 (Human Trafficking Foundation, 2025). Twenty-one of the 25 documents focused exclusively on safehouse accommodation, including Garbers et al.'s (2022) evaluation of the Hope at Home hosting programme; the remaining four (Hibiscus, 2020; Human Trafficking Foundation, 2023, 2025; OSCE, 2022) included sections specifically relevant to safehouse provision.

Unlike traditional systematic reviews, rapid realist-informed reviews allow for multiple papers drawn from the same study or dataset. Hacker and Cohen (2012, 2015) report the same empirical study, with the 2015 paper being a shortened academic summary of the 2012 report. Similarly, Cordisco Tsai et al. (2020a, 2020b, 2020c, 2022) draw on the Chub Dai Butterfly Longitudinal Research Project dataset, which followed a cohort of victims of human trafficking and sexual exploitation in Cambodia from 2010 to 2020. The 2020 papers use a subset of interviews and narrative summaries collected between 2011 and 2016.

The included documents covered a wide geographical range. Seven were from the UK, four were from Cambodia, and two were from Israel. Figure 4 summarises the geographical spread of included documents.



**Figure 4: Geographical spread of included studies.**

Of the 20 documents reporting empirical data, most (n = 17) used a qualitative design, predominantly interviews (n = 14). Begum and Hamid (2023) and Bose (2018) conducted ethnographic studies combining participant observation, interviews, and focus groups. BASNET (2024) used focus groups, while Hibiscus (2020) and the Human Trafficking Foundation (2023) combined focus groups and individual interviews. Only one study employed a mixed-methods approach (Garbers et al., 2022). The two quantitative studies (Maass et al., 2020; Polaris Project, 2012) used mathematical modelling to estimate optimal safehouse locations (Maass et al., 2020) and a telephone survey to determine the number of safehouse beds in the USA (Polaris Project, 2012).

Socio-demographic details were inconsistently reported across studies. Very few (n = 8) provided information on the type of exploitation experienced, instead referring broadly to “trafficking,” “human trafficking,” or “modern slavery” survivors. Among those offering more detail, six documents focused on sex trafficking (Cordisco Tsai et al., 2020a, 2020b, 2020c, 2022; Ide & Mather, 2019; Maass et al., 2020), one on women within the NRM and asylum system in the UK (Hibiscus, 2020), and one on women repatriated to Bangladesh after being trafficked abroad (Bose, 2018). Similarly, studies reporting professional samples often lacked details on the characteristics of those professionals. Figure 5 summarises the split of empirical reports between a survivor, professional or mixed (survivor and professional) sample.

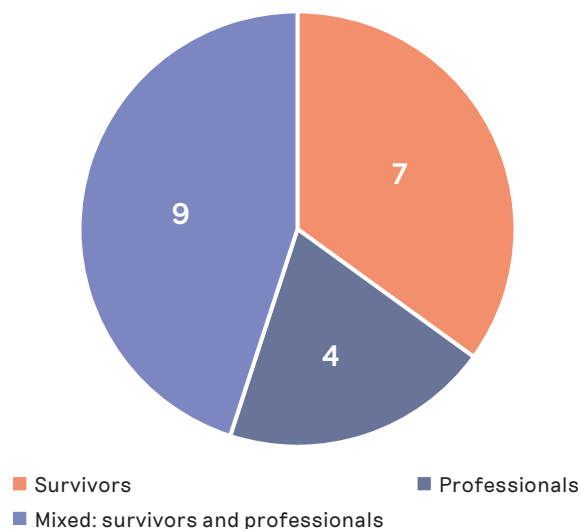


Figure 5: Sample characteristics of the documents reporting empirical data.

14 of the 20 documents reporting empirical data included details relating to gender/ sex of participants. 10 studies focussed on an exclusively female sample; 1 was exclusively male and 3 were mixed (female and male). This contrasts with the stakeholder engagement activities, particularly the key informant conversations with providers who highlighted that the population seeking safehouse accommodation most frequently in the UK are males with complex needs such as substance misuse, mental health problems and learning disabilities. None of the 25 included documents referred to transgender individuals.

## Description of safehouse characteristics

A preliminary synthesis of the dataset (literature review and stakeholder engagement) clustered descriptions of safehouses to develop a typology. A typology, as defined by Smithman et al. (2020), is a classification based on quantitative and qualitative analysis, designed to categorise a phenomenon into discrete but interrelated groups. Unlike a taxonomy, typology categories are not hierarchical and may overlap (Smithman et al., 2020). Seven categories of safehouse provision were identified (see Figure 6).

## Traditional safehouse

While descriptions of safehouse provision were captured in key informant conversations and lived experience focus groups, only 14 of the 25 documents provided details of the safehouses studied, and the depth of these descriptions

varied. The most common model identified was the “traditional safehouse,” reported in 13 documents and stakeholder engagements. Traditional safehouses are typically single dwellings where survivors have individual bedrooms but share living, bathroom, and kitchen facilities. In many contexts, these safehouses serve as the primary means to connect survivors to support and remove them from exploitative situations.

However, even within the traditional safehouse model, provision and support were highly variable. For example, Cordisco Tsai et al. (2022) described a safehouse that emphasised vocational and business development, particularly in cosmetology, as a central aspect of support. Hacker and Cohen (2012, 2015) highlighted differences in services by gender: in the female safehouse, there was a stronger focus on mental health support, whereas in the male safehouse, employment-based activities were prioritised. Gallagher and Pearson (2010) further differentiate between open and closed shelters. While security is a core feature of all traditional safehouses, in closed shelters it may be taken to an extreme: survivors can be detained and required to cooperate with legal proceedings, and in the event of an escape, they may be legally pursued and returned by “an authorised person” (Gallagher & Pearson, 2010).

## Hosting, community homes and community volunteer homes

The only document that did not discuss the “traditional safehouse” model was an evaluation of the Hope at Home hosting programme in the UK (Garbers et al., 2022). Hosting—also referred to by key informants as community homes or community volunteer homes—involves placing survivors (“guests”) with volunteers in their homes for a set period, typically four to six months. To be referred, survivors must be over 18 and have ongoing professional support from the referring agency or another provider throughout the placement (Garbers et al., 2022).

Hosts are not caseworkers or advocates but provide acceptance, opportunities for community integration, family activities, and access to a room, kitchen, bathroom, and laundry facilities. Originally established as a post-NRM move-on option to prevent homelessness and reduce the risk of re-exploitation, Hope at Home has since expanded its service to include individuals within the NRM who may need to leave a safehouse.

While hosting can be a viable and often preferable alternative to street homelessness, it is not without challenges. Reported issues include limited availability of hosts, geographic constraints, mismatched expectations between hosts and guests leading to placement breakdown, and a lack of move-on housing options following hosting (Garbers et al., 2022).

## Scatter flats/houses and designated blocks of flats

Scatter flats/houses and designated blocks of flats were identified as safehouse models through consultations with lived-experience advisory panels, focus groups, and eight key informant conversations. No documentary sources were identified; however, one key informant noted that the use of scatter flats/houses is supported by evidence from the intimate partner violence field, which had informed the development of their service.

Scatter flats or houses consist of self-contained units “scattered” throughout the community in multiple locations. Upon arrival, survivors receive an induction from a support or caseworker, covering security measures, behavioural and support expectations, and health and safety information. Subsequent support is provided through home visits or attendance at an office location. Typically, each unit accommodates one to three survivors, though more may be housed if a family is present. Designated blocks of flats operate on a similar principle but are co-located; support may or may not be available on-site, for example through a staff flat or office within the block.

The main benefit of self-contained flats, whether scattered or in a block, is the flexibility of space. This allows survivors with specific needs—such as heightened risk factors or accessibility requirements—to be accommodated independently. These units can also be gender-specific, with providers adjusting availability based on demand, something not possible within the traditional safehouse model. Single-gender accommodation was highlighted as particularly valuable by lived-experience participants:

*“There was one where there was mixing not in the same house obviously but on I don’t know what you would call it campus, dorms I don’t really know what you would call it like in the same area there were men and women housed in the same facilities I guess you would say not in the same rooms but in the same buildings and that was really, really difficult for my trauma to be housed with men so fresh out of my exploitation and so when I was moved to somewhere that was like female only I felt that I really starting thriving in my recovery.”*

Lived experience focus group

Another key benefit of being housed within an individual unit, was that it promoted survivor autonomy and independence. However, they could also be isolating without the same opportunities for peer support.

## Secret spaces in non-residential settings and designated safe spaces within refugee camps

Secret spaces within non-residential buildings and designated safe spaces within refugee camps were identified only through key informant conversations. Secret spaces in non-residential buildings provide immediate, short-term crisis housing and support for individuals fleeing exploitation. Accommodation is typically offered for one or two nights, allowing time to identify a longer-term option. These spaces can be located in shopping malls, places of worship, or office blocks.

Designated safe spaces within refugee camps are closed sections of the camp with enhanced security features, such as fences that shield residents from view, security personnel, and proximity to police stations. They allow at-risk individuals to live with their families (where appropriate) in their own units alongside others requiring protection.

Potential challenges with these approaches include a focus on protection rather than community integration, and the housing of strangers from diverse backgrounds in enclosed or congested spaces, which may limit social support and privacy.

## Alternate accommodation

Alternate accommodation was identified through key informant conversations, consultations with the lived experience advisory panel and SRAB, and one document (Polaris Project, 2012). Alternate accommodation refers to non-specialist spaces used as a last-resort option when no other safehouse or shelter accommodation is available. Examples include hotels, motels, and student halls.

Polaris Project (2012) reported that some organisations provided survivors with hotel vouchers when safehouse or shelter options were unavailable. However, the number of survivors placed in hotels was not consistently recorded, making it difficult to determine the extent of use across the USA. Key informants reported similar findings, noting that while hotels and motels serve as emergency options, it is unclear how frequently they are used for survivors of modern slavery. Providers stated that outreach support would be offered to survivors placed in hotels until more suitable accommodation could be arranged.

Consultations with the Modern Slavery PEC LEAP and SRAB Rights Lab highlighted a key concern: residing in alternate accommodation may increase the risk of re-trafficking due to limited security and protective measures in these environments.



Figure 6: Safehouse typology summary.

## Thematic analysis of how safehouses work

The findings are presented according to 4 themes: (1) safety and security; (2) the therapeutic milieu; (3) staff capacity and support; and (4) community connections and transitions. These themes reflect key descriptive and explanatory patterns across the dataset and provide a means through which contexts, mechanisms and outcomes can be explored. The themes identify how safety, environment, relationships, staff and organisational capacity and community connections interact to facilitate or inhibit recovery in the short, medium and long term. Across the 4 themes, 8 provisional CMO (context-mechanism-outcome) configurations were identified (figure 7).

Theme	CMO	Context (C)	Mechanism (M)	Outcome (O)
<b>Safety and Security</b>	<b>CMO 1: Safety and Security as a Foundation for Stabilisation and Recovery</b>	Survivors enter safehouses following prolonged exposure to coercion and/or violence. Safehouses operate within systems with variable accommodation standards and security arrangements.	When survivors experience physically secure accommodation, confidentiality of location, and consistent safeguarding practices, they interpret the environment as protective.	Feelings of psychological, emotional and physical safety; increased agency and independence.
<b>Therapeutic Milieu</b>	<b>CMO 2: Therapeutic Milieu Supporting Psychological Safety and Engagement</b>	Survivors reside in communal safehouse accommodation following significant trauma, often with ongoing mental and physical health needs and cultural or language barriers.	When the safehouse provides predictable but not restrictive routines, emotionally supportive relationships with peers and staff, culturally sensitive practices, and access to basic needs (e.g. food, cleanliness) and adaptations for physical, cultural, language and mental health needs), survivors experience psychological safety and trust.	Reduced isolation, increased emotional stability, and increased engagement with daily activities and therapeutic interventions.
	<b>CMO 3: Physical Environment and Accessibility Shaping Recovery</b>	Survivors may have physical disabilities, sensory impairments or long term physical and mental health conditions. Safehouses have often not been designed for the purpose of providing support to individuals with complex physical and mental health needs.	When the physical environment is clean, well-maintained, and adapted to survivors' physical, mental and sensory needs, survivors experience dignity, care and reduced stress.	Improved physical and mental wellbeing and greater capacity to participate in recovery-oriented activities.

Theme	CMO	Context (C)	Mechanism (M)	Outcome (O)
<b>Staff Capacity and Support</b>	<b>CMO 4: Staff Capacity and Continuity Enabling Trust and Care Quality</b>	Support workers operate within resource-constrained systems characterised by high caseloads, high levels of emotional labour, and bureaucratic pressures. They may lack training and supervision in areas which are crucial to providing support.	When staff have manageable caseloads, possess the knowledge and competencies to practice in a trauma-informed way, and receive reflective supervision and organisational support, they can sustain compassionate, consistent, and responsive care.	Improved survivor-staff relationship, higher quality of care, reduced staff burnout and reduced staff turnover.
	<b>CMO 5: Workforce Constraints Undermining Continuity and Engagement</b>	High staff turnover, reliance on inexperienced staff, and limited organisational support are present within some safehouse services.	Frequent changes in support workers disrupt relational continuity.	Reduced engagement with services, emotional distress, frustration, and diminished confidence in support systems.
<b>Community Connections and Transition</b>	<b>CMO 6: Transitions into Safehouses as High-Risk Periods</b>	New admissions to safehouses include survivors with acute mental and physical health needs sometimes entering settings without 24-hour staff presence.	When admissions are abrupt and insufficiently supported, survivors experience heightened stress and instability for both the individual and those already residing in the safehouse.	Increased distress, risk to self or others, and reduced sense of safety for both new and existing residents.
	<b>CMO 7: Planned Transitions Supporting Continuity and Stability</b>	Survivors approach exit from the safehouse amid uncertainty regarding housing, immigration status, and financial security. Transitions can be short notice and unplanned.	When transitions are planned early, communicated clearly, and supported through gradual handovers and continuity of relationships, survivors experience predictability and security.	Reduced distress at exit, improved emotional wellbeing, and smoother adjustment to post-safehouse living.
	<b>CMO 8: Community Connections Enabling Long-Term Reintegration</b>	Survivors exit safehouses into communities where they may face stigma, isolation, or lack of social support.	When survivors develop social networks, cultural connections, and access to community-based services while in the safehouse, they experience belonging and support beyond formal services.	Long-term social inclusion, increased resilience, sustainable recovery, and reduced risk of re-trafficking.

Figure 7: CMO configuration summary.

## Theme 1: Safety and security

*“The safehouse should be a place of physical, mental and financial safety and it is a place where you receive support to help yourself to freedom and independence that is what a safehouse means to me.”*

Lived experience focus group

Theme 1 relates to considerations of risk, safety and agency within the safehouse. It highlights how achieving outcomes such as physical, emotional and psychological safety in the short term and recovery in the long term require a balancing of freedom and control for both the individual and the group. Survivors highlighted that they needed “freedom from” their traffickers to feel safe but also needed “freedom to” have independence to rebuild their lives and focus on recovery. Policy documents such as The Slavery and Trafficking Care Standards (Human Trafficking Foundation, 2025) and the National Referral Mechanism Handbook (Office for Democratic Institutions and Human Rights, 2022) highlight core features that should be present in all safehouse accommodation. These include confidentiality of address; discreet CCTV; panic buttons; secure locks on doors and windows in each room; and sufficient internal and external lighting. As well as security features within the safehouse, The Office for Democratic Institutions and Human Rights (2022: 161) also highlight that:

*“a trusted anti-trafficking focal point within the police should be informed of the property’s purpose, and the requirement of confidentiality of the location, so that they are able to provide assistance as and when it is needed.”*

The relationship and physical proximity between the safehouse and the police station raised contradictory accounts from stakeholders. One provider organisation stated the police station could be seen from the safehouse. There was a flag on the system, so the police were aware an immediate response was required if a call was made. In situations where the safehouse’s address had been made public online, this fast response was useful in de-escalating potentially violent situations. Within the lived experience focus groups some survivors also highlighted that proximity to the police was reassuring. However, for others (particularly those who had come into the UK via irregular routes) being close to the police was concerning and a preferred option would be an internal security service within the safehouse:

*“someone mentioned about having the police station I don’t think that is the case some immigrants some people going through this might actually be scared of the police arresting them so they should have a security service within the safehouse that would actually make them feel safe and secure. Nobody can come in and arrest them.”*

Lived experience focus group

As well as physical location and security, boundaries and behavioural expectations were consistently highlighted across the dataset as important for ensuring physical, emotional and psychological safety. Commonly cited examples included no visitors at the safehouse; no access to the internet; not leaving the safehouse without permission; engaging in therapeutic activities; and behaving appropriately towards others. Whilst boundaries and restrictions were identified as being important from a security perspective; if they were overly restrictive or enforced punitively, they could impede a survivor’s recovery. Sokchea, a participant in Cordisco Tsai et al (2022: 531) highlights this dilemma of being kept safe and having freedom from traffickers and the restrictions which prevented survivors from being free to develop independence:

*“They block us. Even small windows were blocked too. In short, they tried to prevent us. I know they are trying to keep us safe, but it is too much... They have a lot of rules. I cannot even see the outsiders when I go out. In the previous time, when I went to get a training course offered by the shelter, I saw a man and he looked at me too, so I have to meet them in the office because of it. It wasn’t serious – I just looked at his face ... (we are monitored) 24 hours, except for the time I go to the restroom only. I am telling you the truth.”*

The most extreme examples of restrictions imposed on survivors relate to shelter detention. This refers to “rescued” victims of modern slavery and/or human trafficking being detained in public or private shelters, for months or years, often to ensure their co-operation with prosecutions (Gallagher & Pearson, 2010). In their legal analysis, Gallagher and Pearson (2010) utilised field-based research in Cambodia and Thailand to consider the international legal implications of shelter detention. They note that whilst it could be legal on a case-by-case basis, (the internationally accepted principles of necessity, legality and proportionality need to be applied to any defence), routine detention violates the right to several freedoms including the freedom of movement, family life and expression.

A gendered dimension to the implementation of boundaries and restrictions was noted in some included documents. Gallagher and Pearson (2010) suggest that

women are seen to be in more need of protection than men and are also perceived to be less able to make decisions regarding their own safety, wellbeing and future. There may also be tensions between an organisational rhetoric of empowerment and the disempowered practices that are enacted within the shelter. Bose (2018) drew on Goffman's (1961) concept of the total institution and Foucault's (1979) notion of biopower to argue the safehouse at the centre of her study engaged in a process of reducing agency and independence to produce the "ideal survivor" through what she terms "disciplining desire". Rather than empowering women as per the organisational philosophy, the boundaries and restrictions imposed at the shelter "rehabilitated" survivors into gender conforming occupations to facilitate "reintegration" (Bose, 2018).

## Theme 2: The Therapeutic Milieu

*"The physical environment was very beautiful there was a lot of nature around, there was 24/7 staff support so no matter what time of day or night it was there was always someone available and that made it so much better. Because trauma sneaks up on you kind of whenever and that was so key especially for me to know that there was always a staff member if I needed them. I think we need to have things... there was always food available for us I was in a catered accommodation, it wasn't self-catered and I think that did make it a little bit more different for me in that aspect and there was always food available for us."*

Lived experience focus group

Theme 2 relates to the therapeutic milieu within the safehouse and how this could either be supportive for survivors or compound the harms from modern slavery. The therapeutic milieu was originally conceived within mental health and residential care settings and refers to a structured social and physical environment designed to promote safety and recovery through purposeful organisation of space, relationships and routines (Belsiyal, Rentala & Das, 2022). It is particularly helpful for those who have experienced significant trauma or distress, as a healing environment that fosters emotional regulation, supportive interactions and engagement can enhance recovery processes (Papoulias et al., 2018). While formal therapy has a role, healing and growth are also fostered through everyday interactions, routines, and relationships within the safehouse environment, where structured activities, positive staff-survivor relationships and community participation all contribute to meaningful therapeutic change (Belsiyal, Rentala & Das, 2022). A quote from the lived experience focus group highlights the contradiction that can occur between the ideal of a therapeutic environment and the reality of safehouse accommodation:

*“For me the word safehouse is supposed to be a sanctuary but after living in a safehouse it holds a lot of trauma for me and so when I think about a safehouse I think about a traumatic experience rather than a sanctuary.”*

Lived experience focus group

As early as 2008, Surtees started to question whether the traditional shelter/safehouse was the best assistance model for people who had been trafficked. In cases where the environment was good, with professional staff and a healthy and safe atmosphere, shelters were found to be a positive resource and a valuable site for assistance (Surtees, 2008). Three core areas were identified as problematic: (1) the nature and characteristics of the shelter model (e.g. social attitudes to the shelter, intrusivity and not wanting to be with other people with lived experience); (2) the design of shelter programmes (e.g. a focus on typical victims and typical problems, the stress of communal living, and cultural and language differences); and (3) the personal circumstances of the individuals seeking support (e.g. separation from family). More recently and with a focus on provision in the UK, BASNET (2024) identified that for some survivors the safehouse was not experienced as safe. BASNET (2024) were interested in exploring how poor provision could exacerbate vulnerabilities during the recovery process due to intersectional discrimination. Emerging issues included discrimination, harassment, poorly maintained premises and poor complaint handling processes.

The traditional safehouse setting, like other group, residential or care home environments presents challenges in terms of maintaining the physical environment and ensuring it is fit for purpose. Individuals in the lived experience focus groups stated *“the safehouse should be a safe and a clean and comfortable place to stay”*. Jones et al (2019) took this further and noted that safehouses (in this case an emergency receiving centre for women who have experienced sexual exploitation) have very specific infection control needs which staff are often ill equipped to meet. Infections such as lice, methicillin-resistant staphylococcus aureus and influenza can spread within a safehouse rapidly leading to illness for both survivors and staff if not contained and managed appropriately (Jones et al. 2019).

Survivors of modern slavery and human trafficking have often experienced extreme physical and psychological abuse, sexual violence and deprivation of liberty and material needs (Ottisova et al., 2016). Post-exploitation, survivors experience a range of adverse physical, sexual and mental health needs. Physical injury due to violence and unsafe working practices can lead to long term disabilities requiring environmental adaptations. Despite the high likelihood that survivors will experience long term physical health consequences from their experiences, safehouses were not always accessible environments.

*“It’s like when I was moved about so many times, finding a deaf accessible fire alarm took a very, very long time to get in each And I, I know that’s not something that people really think about and but it’s something that my safehouse is like for the first time, they were like, we’ve never had a deaf person stay with us before, which is not something you want to hear when you’re like, I need an accessible fire alarm in the new accommodation, which is very dangerous when you can’t hear a smoke detector.”*

Lived experience focus group

Another survivor highlighted in the key informant conversations that their use of a wheelchair had limited which safehouses they could stay in post-exploitation. The first safehouse they were placed in was previously a care home for people with learning disabilities and this had wheelchair accessible spaces. However, when they had to move due to safety concerns other accommodation options did not offer the same level of adaptations.

A core part of the therapeutic milieu is that spaces are designed to promote a healing environment. For example, Soteria Houses or healing houses for people recovering from first episode psychosis are purposely designed to avoid clinical connotations and to promote a physical environment that reduces stress and supports recovery (Yeo et al., 2025). However, safehouse accommodation was in most cases not designed for the specific purpose of supporting individuals to recover from trauma. Instead, these were often spaces which had been converted from other purposes, for example residential accommodation (e.g. Begum & Hamid, 2023). This also made making adaptations for individual needs challenging. One provider in a key informant conversation noted that they were asked to “*go find a safehouse, we need to open another safehouse so [name] go and find one*”. Very little guidance or advice was provided as to what to look for in a property. Another provider highlighted that it can “*take a long time*” to find something suitable and this was often not considered when there was a pressing need for more spaces to be available. Very few organisations owned the properties they were using. In the case of scatter flats and/or community homes these were often rented from housing associations or their equivalents. A key benefit of this approach was that survivors could be quickly moved to another property if an address was publicly leaked. However, getting repairs completed in a timely manner could be challenging as this involved liaising with landlords.

Across the dataset safehouse accommodation was recognised to be a crisis and short-term housing intervention. However, as well as stabilising the survivors’ immediate needs the importance of promoting long term recovery, particularly in relation to training, education and employment were highlighted:

*“safehouse should upskill and train people that means people should have training needs support if you have needs with regards to education then the support should be provided.”*

Lived experience focus group

This was particularly important for those survivors who experienced delayed transitions from the safehouse and in some cases resided there for several years (see theme 4). However, Cordisco-Tsai et al. (2022) found that an exclusive focus on vocational and business development was problematic for women residing in a shelter in Cambodia. All the women joined the shelter due to an interest in vocational services but expressed concerns regarding the quality of provision (the instructors did not always attend) and the ability of the training to lead to transferable skills for setting up businesses in the community. The women were required to work for a social enterprise based at the shelter sewing purses at the same time as studying cosmetology. Cordisco Tasi et al (2022; 164) argues that:

*“rather than investigating potential livelihood opportunities and aligning high quality vocational programming to clients expressed interests and needs, participants felt that shelter staff were trying to ‘correct’ them for their prior work... Such actions within the shelter once again reflect patriarchal gender norms that infantilise women, suggesting their actions need to be ‘corrected’ and ‘controlled’.”*

### Theme 3: Staff capacity and support

*“The staff should be properly educated about working with different people with different problems most people, people that are suffering from depression and the level of trauma will be very high and some point I have experienced it where people get very angry due to a little mistake and it is due to the predicament they are in at the moment so safehouse staff should be taught how to manage such situations. The staff should be very professional and professional enough to work with people from different backgrounds suffering with different problems and the staff should be very friendly and very tolerant.”*

Lived experience focus group

Theme 3 relates to the central role of staff in shaping the environment within safehouses. Staff, particularly support workers, have a profound influence on the emotional and relational climate of the safehouse through their everyday interactions with survivors. Where staff teams are stable (low staff turnover), adequately trained and well supported, they are more likely to foster therapeutic relationships and environments that promote survivor engagement and progress. Conversely, when staff are overstretched, undertrained, or unsupported, these mechanisms may be disrupted, undermining care quality and survivor outcomes. The Care Quality Commission (2023) inspection report of safehouses and outreach provision delivered within the MSVCC highlighted that an area of good practice was the presence of enthusiastic and caring staff. Consistent support from familiar staff members was considered essential, as it reduced the need for survivors to repeatedly recount their experiences. However, survivors in the lived experience focus groups noted that they did not always experience this:

*“I also went through quite a few support workers at one point in time when I lived in one of my safehouses there was quite a big burnout of support workers that made it really really difficult I think at one point in time through my particular safehouse my whole like flat went through 4 or 5 support workers in the course of 4 or 5 months so the consistency of getting regular support through one consistent support worker made it very very difficult and then because I was moved around so frequently getting that continuity of care made it so so difficult for me.”*

Lived experience focus group

For individuals across caring disciplines (e.g. nursing, social work, and psychology), maintaining the capacity to care is recognised as a central component of safe, person-centred support (Tronto, 1993). This involves sustaining emotional, physical, and psychological resources over time so that empathy and compassion can be maintained, particularly in contexts of trauma exposure (Serrat et al., 2022). In addition, it requires recognising personal limits, setting healthy boundaries, and engaging in selfcare to prevent burnout and emotional exhaustion, practices that are identified as effective coping strategies in systematic reviews of healthcare professionals (Maresca et al., 2022). Organisational environments that fail to support staff wellbeing can undermine this capacity, limiting the quality and safety of care provided (Bloom, 2010). Participants in the lived experience focus groups articulated the impact of staff being unsupported:

*“I truly believe that the staff are let down. Because they did not get the support that they needed and because they didn’t get the support, they are not that useful to the people that are in the house.”*

Lived experience focus group

Mikeal (2023) highlighted how important an emphasis on self-care was when working in a safehouse. Self-care can include nourishing activities away from the safehouse, for example spending time in nature and with family but should also include professional development and support activities within work time. For example, Mikeal (2023) refers to attending a monthly consultation group (also referred to as clinical supervision). This group format allows discussion with peers and for Mikeal (2023: 91) allows

*“me to process how the work is impacting my own mental health as well as gain valuable insight into client care”.*

Key informant conversations with stakeholders from provider organisations identified high caseload numbers to be a source of stress, burnout and detracted from the quality-of-care support workers were able to provide. Support workers were, in some cases, responsible for not only the individuals residing within the safehouse but also those requiring support via outreach. One provider organisation noted that in 2024 the average caseload could be up to 40 and this severely limited the amount of support any one survivor would receive. However, by increasing staff numbers the maximum at the beginning of 2025 was 25 and the aim was to reduce this further to 20. Participants within the lived experience focus groups identified that there were often system and bureaucratic processes, beyond the control of the individual support worker that affected care provision and led to some staff leaving:

*“I think when the bureaucracies set in you are not allowed to do this and that and then all the old staff left and they started to employ more and more young people especially young people who were just out of uni or some were still at uni and the people they were employing did not have experience of life. I don’t mean to talk down on them, but the majority of the younger people don’t understand the trauma that these people have experienced that they are treating.”*

Lived experience focus group

Staff not understanding and, in some cases, not believing survivor experiences was a consistent theme across the dataset. For example, Cordisco Tsai et al. (2020a) found that survivors consistently felt that staff did not exert enough effort to understand their perspectives. Cordisco Tsai et al. (2020a: 186) summarises this:

*“Feeling unheard and not believed by staff was not only disheartening, but also led survivors to question staff’s commitment to serving those who had been victimised”*

Some participants within the lived experience focus groups explained the lack of understanding between safehouse staff and survivors as a disjunct between the life experiences of both groups. Whereas survivors had experienced multiple disadvantages, safehouse staff were perceived to come from positions of privilege, who did not have the same life experience and so could not understand, value or take their accounts seriously:

*“A lot of the staff are also coming from a position of privilege they have never migrated to a new place they have never suffered there was a huge gap between the staff and the people they were supporting because the people offering the support just don’t understand, they don’t understand peoples stories, there are many instances where staff think you are lying”*

Lived experience focus group

In addition to the promotion of self-care activities (including clinical supervision), training and education was identified as the main means to support those who work in safehouses. Key areas highlighted across the dataset where increased education and training was needed included trauma informed care; providing culturally appropriate care; risk assessment and management; working with people who misuse substances; and working with people with cognitive impairments. Equipping support staff with the “tools” to provide care was identified as important, as they would be the first people to interact with survivors in the safehouse:

*“the staff should be adequately equipped and trained maybe with some education and support tools because they are the first people that have to be interacting with people in the safehouse and if they have the correct tools it would be easier for them to do support.”*

Lived experience focus group

## Theme 4: Community connections and transition

Theme 4 relates to the critical role of transitions into, within, and out of safehouses in shaping survivor safety, wellbeing, and long-term outcomes. Transitions are recognised as inherently high-risk periods in any care pathway, as they involve movement between care settings (e.g., admission and discharge) and information sharing (e.g., handovers between staff), often under conditions of uncertainty and stress, with discontinuities in care and communication associated with increased risks of adverse outcomes, including readmissions and safety events (Tyler et al., 2023). In the context of safehouses, transitions can be particularly challenging due to survivors’ complex needs, abrupt admissions or departures, and limited move-on accommodation options. New arrivals to the safehouse could have complex needs and challenging behaviour, which required more intensive support from staff. In settings where staff were not available on a 24-hour basis this left other survivors either managing challenging behaviours (such as mental health breakdowns or withdrawal from misusing substances) or isolating themselves in their rooms to maintain their safety. Focus group participants proposed a reverse stepped-care model, whereby new arrivals received intensive staff support away from the main safehouse before transitioning to be with others:

*“I think admitting people straight into the safehouse accommodation is a little bit ...very risky in terms of security for others that have already been there. But I think the new intake thing there should be provision for a temporary plan... a temporary accommodation for newly intake people. Then if they stayed there for a couple of months, one month, two months and the staff have studied them, studied their mental health then they could be moved into the main accommodation... I just think it should be a process you know step by step to get there and a thorough check... before the person is admitted to the main safehouse.”*

Lived experience focus group

There is a dearth of literature which explores the necessary conditions for a healthy and successful transition from a safehouse or shelter. Namy et al. (2023) highlighted that leaving a shelter can be challenging for several reasons. These included (1) a lack of emphasis on activities that promote social inclusion within the shelter meaning individuals are isolated on exiting; (2) disruption and disconnection in family relationships; and (3) experiences of violence and victimisation in the community (Namy et al., 2023). Namy et al. (2023) explored the experiences of 6 women who unexpectedly transitioned out of a shelter in Uganda during the COVID 19 pandemic. Uganda had one of the most far reaching and restrictive policy responses to the pandemic globally and did not fully re-open the economy for 2 years (Namy et al., 2023). Before locking down a shelter in Kampala, survivors over the age of 18 were offered the opportunity to return to their home communities. 6 women opted to leave the shelter. The abrupt nature of the transition presented challenges to the women's emotional, physical, social and financial wellbeing. Namy et al. (2023) found that all 6 women experienced profound economic hardship after leaving the shelter and this was linked to feelings of safety and wellbeing. Another shared experience was the exacerbation of emotional and physical distress and the experience of stigma within the community (Namy et al., 2023). The close relationships some women had developed with peers and staff within the shelter were an important source of support and:

*“the abrupt rupture of this social network was yet another important change that accompanied the transition home, triggering feelings of loss and loneliness for several women”.*

Namy et al., 2023: 286

However, coping strategies, sources of hope and resilience and positive stories of reunification with family were also identified (Namy et al., 2023).

Whilst the context of Namy et al. (2023) study was very specific, key informant conversations with both providers and those with lived experience identified similar stories in terms of the abrupt transitions that can take place out of a safehouse. Whilst some individuals could experience a delayed discharge (some participants in the focus groups reported residing in a safehouse for 4 years) and become “stuck” within a safehouse (most often due to a lack of available move on accommodation options), others may be moved on at very short notice. Reasons for this included receiving a conclusive grounds decision from the Home Office or safety concerns. Key informants involved in the provision of safehouse accommodation highlighted how the recent drive to decrease the length of time taken to receive a conclusive grounds decision had dramatically affected how long survivors were in the safehouse for, which in turn made planning care and

engaging in long term therapeutic work challenging. Key informants with lived experience also highlighted that the move from a safehouse was not always communicated transparently to them, and it was not always clear where they would be going onto, one commented *“it felt like I was being trafficked again”*.

As identified by Namy et al. (2023), participants in the lived experience focus groups noted that developing community connections whilst in the safehouse was central to being socially included when they left. This included being able to access culturally appropriate food, places of worship and community groups. Access to public transport and leisure centres/gyms were also identified as important. One participant highlighted that

*“the safehouse should be in an immigrant community where there are immigrants around as that will help anyone in the safehouse to be able to interact and communicate with other immigrants which he or she might actually feel safe being around”*.

Lived experience focus group

Another supported this by stating that to feel safe in the wider community you needed to be able to identify with parts of that community and get support, rather than *“stick out like a sore thumb”*. To develop community connections one strategy employed by survivors was to build a support system outside of the safehouse:

*“my support system is elsewhere it is built around family, church and I have also sought out counselling independent from the house”*.

Lived experience focus group

The presence of a safehouse/shelter within a community does not only benefit those with lived experience, Maass et al (2020) developed an optimisation model which evaluated the societal impact of locating dedicated shelters for trafficking victims within regions of the USA. Societal impact was measured via societal value (quantified by a combination of labour productivity gains, reduction in juvenile arrests, disability adjusted life years (DALY) averted; and the legislative environment) adjusted for the demand for shelters and the current number of shelters available minus construction and operation costs (Maass et al., 2020). Maass et al. (2020: 11) argue:

*“even with a fairly modest 20,000 USD willingness to pay per DALY averted used in this study, there exists a compelling case that our optimisation approach creates significant societal value”*.

# A summary of principle findings and proposed programme theory

This section synthesises findings across the four themes to refine the initial context-mechanism-outcome (CMO) configurations into a proposed programme theory. It demonstrates that safehouse provision is not a uniform intervention. Instead, different configurations of accommodation, workforce skills and capacity, and wider systemic conditions interact to activate or inhibit key mechanisms associated with survivor recovery. The findings show that similar safehouse structures and practices can generate different outcomes depending on the contexts in which they operate and the extent to which key mechanisms are supported or disrupted.

## Linking themes to underpinning mechanisms

Across the dataset, the four themes represent interlinked contextual conditions through which a small number of core mechanisms operate. These mechanisms do not function in isolation but are shaped by interactions between physical environments, relational practices, workforce capacity, and wider system conditions. Their activation, strength, and durability may vary across survivor groups, depending on prior experiences, phase of recovery, structural positioning, and individual characteristics such as age, disability, cultural background, or prior experiences of exploitation.

**Safety and security** forms the foundational context for the activation of the mechanism of felt safety. Where physical security or emotional predictability are absent, engagement with support is limited. Conversely, when survivors perceive the environment as physically secure and emotionally consistent, mechanisms of trust and emotional regulation are more likely to be activated, enabling initial stabilisation. The salience of safety and security may differ across survivor groups. Survivors with insecure immigration status, prior experiences of detention, or ongoing contact with criminal justice systems may experience heightened anxiety in environments perceived as restrictive or in proximity to external agencies such as the police. In such contexts, physical security measures translate into felt safety only when accompanied by transparency, choice, and reassurance.

Gender also shapes how safety and security are experienced within safehouse settings. Some boundaries, rules, and protective practices—particularly those relating to movement, relationships, or daily routines—may unintentionally reinforce gender-conforming expectations, such as passivity, compliance, or dependency, rather than promoting empowerment. For some female survivors, such practices

may undermine mechanisms of agency even when intended to promote safety. This highlights the importance of safeguarding measures that are proportionate, individually tailored, and oriented toward autonomy as well as protection.

**Therapeutic milieu** refers to the everyday environmental and relational conditions within the safehouse. Where accessibility and trauma-informed, culturally responsive practices are prioritised, mechanisms of agency and self-efficacy are more likely to be enabled. However, the resources required to activate these mechanisms may vary over time and between individuals. New arrivals often require enhanced emotional containment, orientation, and practical support to engage effectively, whereas individuals whose move-on is delayed may need access to education, vocational training, and purposeful activity to sustain motivation and a sense of progress. Survivors with additional needs—such as those related to physical disability, cognitive impairment, language, or culture—may require adaptations to the physical environment, routines, and activities to strengthen engagement and autonomy. In contrast, settings characterised by excessive surveillance, rigid rules, or restrictive practices can disrupt mechanisms of agency and self-efficacy, producing feelings of disempowerment that may mirror experiences of exploitation.

**Staff capacity, training, and support** are central to sustaining recovery-promoting mechanisms over time. Consistent, adequately trained, and well-supported staff—through clinical supervision and protected reflection time—enable relational security, whereby survivors experience continuity, reliability, and validation in their interactions. Workforce instability, high caseloads, and insufficient supervision weaken this mechanism, often resulting in fragmented relationships, repeated retelling of traumatic experiences, and diminished trust in services.

Finally, **connections with the wider community and transition planning** shape whether gains made within the safehouse are consolidated after exit. Opportunities to develop social connections, build practical skills, and engage with the community activate mechanisms of belonging and future orientation. Conversely, abrupt or poorly planned transitions disrupt these mechanisms and may lead to renewed isolation, anxiety, and economic insecurity. The activation and durability of these mechanisms may differ across survivor groups, particularly where structural barriers such as insecure legal status, restricted rights to work, or limited social networks are present. In such contexts, transitions may amplify rather than reduce vulnerability.

## Enabling and constraining contexts

Contexts that both enabled and constrained survivor recovery were highlighted throughout the review. Safehouses that were enabling featured physically secure and accessible environments; trauma-informed and culturally responsive practices; stable, skilled, and supported staff teams; and planned pathways

promoting continuity of support and connections to local communities. Under these conditions, safety, trust, agency, and belonging are activated and reinforced across themes. In contrast, constraining contexts were characterised by resource scarcity, restrictive practices, workforce instability, and unplanned transitions. These conditions suppress key mechanisms, limiting the usefulness of service provision and, in some cases, increasing harm.

## Pathways and outcomes

When enabling contexts are sustained over time, activated mechanisms give rise to a sequence of outcomes. In the short term, survivors experience stabilisation, increased feelings of safety, and decreased isolation. Over the medium term, this supports the development of coping strategies, practical skills, and secure, trusting relationships with others. In the long term, these outcomes contribute to sustainable recovery. Key characteristics of sustained recovery include independence and social inclusion. Prolonged stays in safehouses without opportunities for growth, and unplanned transitions without adequate preparation, disrupt these mechanisms, stalling survivor recovery.

## Proposed programme theory

The proposed programme theory explains how safehouse provision can promote recovery for survivors of modern slavery, outlining the conditions under which mechanisms may be activated and the outcomes they generate:

*“In contexts where survivors of modern slavery are provided with safehouse accommodation that is physically secure, trauma-informed, culturally responsive, and accessible; delivered by a consistent, appropriately trained and supported workforce; and embedded within pathways that promote continuity of care, skill development, and community connection, mechanisms of felt safety, trust, agency, relational security, and belonging are activated.*

*Collectively, these mechanisms contribute to the short-term outcomes of stabilisation and reduced isolation; medium-term outcomes of emotional regulation, skills acquisition and strengthened relationships; and, over time, support sustainable recovery characterised by autonomy and social inclusion.*

*Where safehouse provision operates within constrained systems characterised by resource scarcity, restrictive or punitive practices, workforce instability, and abrupt or poorly planned transitions, these mechanisms are weakened or disrupted. Under such conditions, safehouse accommodation may limit recovery, stall progress, or, in some cases, reproduce harm rather than promote safety and wellbeing.”*

## Discussion

This realist-informed review aimed to explore for whom, how, and in what circumstances safehouses could work (or not) to promote recovery for survivors of modern slavery and human trafficking. The paucity of evidence and the imprecise reporting in the underpinning documents limit the ability to tailor findings to specific micro-contexts. For example, most documents did not report the type of exploitation experienced, and, to maintain a trauma-informed environment, focus group participants were not asked to disclose this. While this approach is ethically appropriate—protecting survivors from re-traumatisation and respecting their autonomy—it also constrains the use of realist methodologies, particularly in understanding the “whom” of safehouse effectiveness in detail. Consequently, it has not been possible to fully explore which survivors benefit most from the variety of provision available. This risks perpetuating the perception that survivors are a homogenous population. Despite these limitations, the synthesis highlights some variation in how mechanisms such as felt safety, relational security, agency, and belonging may be activated across survivor groups, depending on factors including gender, age, immigration status, disability, and cultural background.

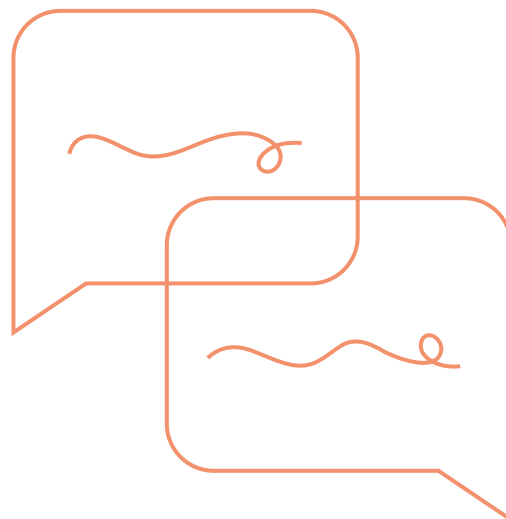
A gap between service provision and the supporting evidence base is also highlighted by this review. Stakeholders described a typology of safehouse structures, yet many documents did not describe the services they investigated, and those that did overwhelmingly focussed on the traditional safehouse. Only one document explored an alternative model—hosting (Garbers et al., 2022). Further research is required to underpin the variety of safehouse models in operation and to allow comparisons regarding which forms of provision are most effective for different groups of survivors.

Even with the above caveats, the synthesis highlights important considerations regarding the provision of safehouse accommodation, and the contextual factors, mechanisms, and outcomes linked to their usefulness (or not) for survivors. The proposed programme theory identifies that safehouses do not solely provide housing and protection but also function as relational and environmental interventions when key mechanisms are triggered. Central to this is felt safety, which extends beyond physical security to include therapeutic relationships, dignity, and autonomy. This focus aligns with trauma-informed care (Herman, 1992), which argues that without feeling safe, survivors cannot engage with support, regulate emotions, or exercise agency. It is also consistent with broader frameworks in the field of human trafficking prevention whereby access to secure shelter has been conceptualised as a core mechanism that enables individuals to avoid further harm and engage meaningfully with support (Such et al., 2025).

Feeling and being secure in a therapeutic relationship with staff was also highlighted as a key mechanism that distinguishes safehouse provision from other housing interventions. As per models of personal recovery (Leamy et al., 2011), stable, supportive relationships with staff facilitate consistency and validation, in contrast to the mistrust produced through exploitation. Mechanisms of agency and belonging further underscore that recovery is not linear but highly individualised and socially embedded (Slade et al., 2014). Opportunities to make choices, develop skills, and participate in the wider community, support survivors in moving from crisis stabilisation toward sustained recovery. The proposed programme theory therefore challenges narrow conceptualisations of safehouses as short-term containment and instead positions them as transitional spaces that can either enable or constrain longer-term recovery.

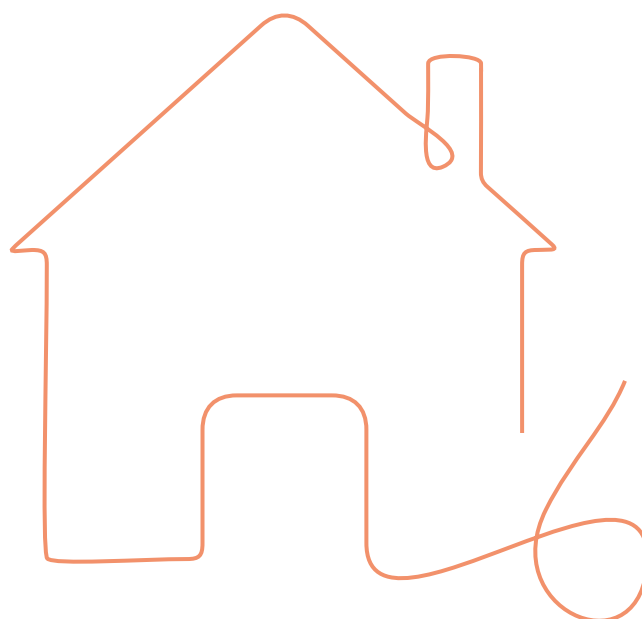
This review also explains why safehouses may fail to produce intended outcomes, or in some cases cause harm. Ineffective or harmful outcomes arise when contextual constraints disrupt key mechanisms. Restrictive practices, excessive surveillance, and inflexible rules may undermine agency and reproduce dynamics of control reminiscent of exploitation (Hopper et al., 2010), thereby eroding trust and engagement. Workforce instability and high caseloads weaken relational security, leading to fragmented and inconsistent support and repeated retelling of traumatic stories. Prolonged stays without opportunities for development (e.g., education or employability) and poorly planned transitions are particular risk points (Dell et al., 2017). These effects may be more pronounced for certain survivor groups, such as those with compounded structural disadvantage, complex trauma histories, or language barriers. In these situations, mechanisms that initially support stabilisation may stall or reverse, contributing to anxiety and renewed vulnerability at the point of exit from services.

Not all factors that constrain safehouse effectiveness are within the control of providers. Resource scarcity, short-term funding cycles, restrictive immigration policies, and a lack of suitable housing stock influence what safehouses can offer



and for how long. Frontline services are often tasked with managing tensions between safeguarding, compliance, and recovery within systems over which they have limited control. These structural conditions form part of the wider context in which recovery-promoting mechanisms are either facilitated or suppressed. Where safehouses cannot support sustainable recovery, this is not solely a failure of delivery but also a consequence of misalignment between policy objectives, service commissioning, and survivor needs. Addressing these issues requires coordinated action across policy and practice systems.

In summary, safehouse provision for survivors of modern slavery and human trafficking is best understood as a complex, context-dependent intervention rather than a uniform model of care. The activation of mechanisms such as felt safety, relational security, agency, and belonging is contingent on both organisational practices and wider system conditions. When these mechanisms are supported, safehouses function as enabling transitional spaces that contribute to stabilisation, recovery, and social inclusion. When disrupted, the same settings may constrain progress or reproduce harm. The proposed programme theory provides a nuanced explanatory framework to inform future research, service design, and policy, emphasising that investment in relational practice, workforce stability, and planned transitions is as critical to recovery as the provision of physical accommodation.



# Recommendations

The following recommendations are organised by stakeholder group to reflect the different levels at which contextual conditions influence safehouse provision. Each recommendation specifies the change required and its expected impact on survivor recovery, safety, and wellbeing, prioritising elements most critical for outcomes.

## Safehouse providers and service managers

### Adopt a rights-based approach to safety and autonomy

- **Change:** Apply restrictions only when necessary and proportionate. Ensure regular review takes place, and that the reasons for restrictions are clearly communicated to survivors.
- **Impact:** Strengthens felt safety, autonomy, and trust; reduces the risk of replicating control or surveillance.

### Create trauma-informed and culturally appropriate living environments

- **Change:** Design safehouses as therapeutic spaces which are accessible and meet the minimum safety standards. Embed trauma-informed and culturally responsive principles into routines and interactions, including access to activities that support education and vocational skill development and community integration.
- **Impact:** Enhances mechanisms of agency, engagement, emotional regulation, and future orientation.

### Plan transitions early and transparently

- **Change:** Where possible begin survivor-led transition planning at entry, with clear communication and gradual preparation.
- **Impact:** Reduces anxiety and vulnerability at exit and supports continuity of care.

## Embed co-design in service delivery

- **Change:** Meaningfully involve survivors in the design, delivery and evaluation of services, including through advisory groups, governance roles, and co-design of rules, routines and training. This could include both survivor experts contributing to service development and delivery, and current service users providing structured feedback, with clear accountability frameworks to ensure contributions are genuinely considered, responded to and embedded in practice.
- **Impact:** Enhances relevance, acceptability, and effectiveness of services, supporting mechanisms of agency, trust, and belonging.

## Frontline practitioners

### Prioritise relational consistency and trust

- **Change:** Ensure survivors receive consistent, trauma-informed support by promoting continuity in staffing, behaviour and support models, embedding clear and consistent communication practices, and establishing structured processes for transferring case responsibility when staff changes occur.
- **Impact:** Strengthens relational security, reduces repeated retelling of trauma, and supports engagement with recovery mechanisms.

### Apply trauma-informed principles in everyday practice

- **Change:** Ensure rules, boundaries, and safeguarding practices preserve dignity, choice, and collaboration.
- **Impact:** Promotes agency, trust, and meaningful participation.

## Policy-makers and system leaders

### Embed rights-based and trauma-informed principles in inspection and regulation

- **Change:** Include autonomy, therapeutic design, workforce support, and survivor experience in inspection frameworks alongside safety compliance.
- **Impact:** Encourages survivor-centred practice and accountability, reinforcing recovery-oriented organisational culture.

## Strengthen sector-wide governance and accountability

- **Change:** Safehouses and sector organisations should explore creating or enhancing **collaborative governance structures** to promote shared learning, benchmarking, and accountability. This could include:
  - A formal **sector-wide forum or consortium** for good practice sharing and peer review
  - Standardised **reporting frameworks** on safety, autonomy, and therapeutic practice
  - Mechanisms for **lived experience input** across multiple services
- **Impact:** Strengthens organisational accountability, promotes consistent application of trauma-informed and rights-based practice, and enables rapid identification and dissemination of effective approaches.

## Research funders, researchers and evaluators

### Strengthen the evidence base through trauma- and realist-informed research

- **Change:** Future research and evaluation should:
  - Use safe, trauma-informed methods for asking survivors about experiences of exploitation
  - Establish for whom different safehouse models work by improving the collection or generation of sufficiently granular data, including variation across gender, sexuality, age, ethnicity, immigration status, disability, and cultural background.
  - Be adequately funded such that longitudinal approaches and systematic evaluation techniques can be deployed to capture both intended and unintended outcomes for different groups.
- **Impact:** Builds a robust evidence base to tailor services to diverse survivor groups, informs policy and commissioning decisions, and ensures recovery-promoting mechanisms are understood and optimised.

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# Appendix 1: Literature search terms exemplar

## 1. Modern slavery/human trafficking terms

traffick\* AND (human OR sex\* OR people OR child\* OR victim\* OR survivor\* OR person\* OR men OR women OR labour OR labor) OR forced AND (labour OR labor OR prostitution OR marriage OR crim\*) OR "domestic servitude" OR "exploit\*" AND (crim\* OR sex\* OR financ\* OR labour OR labor) "sex\* slav\*" OR "modern AND slav\*" OR "modern adj2 slave\*" OR "child\* soldier\*" OR "sex work\*" OR "prostitut\*" OR "grooming" OR "cuckoo\*" OR "home based exploitation" OR "home-based exploitation" OR "county lin\*" OR "mate crime"

Combined using the Boolean Operator AND with

## 2. Safe accommodation terms

home\* OR house\* OR rehome\* re-home\* OR re-house\* OR homeless OR homelessness OR

refuge\* OR shelter\* OR "emergency shelter\*" OR "sanctuary scheme" OR safehouse\* OR safe-house\* OR "safe house\*" OR safehome\* OR safe-home\* OR "safe home" OR "safe accommodation" OR "residential facility" OR "residential facilities".

## Appendix 2: Included document matrix

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
1	BASNET (2024) The Safehouse is not Safe. Survivors of Modern Slavery and Human Trafficking and their Experiences of racism and Intersectional Discrimination in some UK Government Funded Safehouses. BASNET: London	NGO report: Empirical study	UK	Survivors of modern slavery and human trafficking	13 lived experience experts who had resided within UK Government funded safehouses.	To highlight the concerns expressed by survivors regarding inadequate service provisions and the exacerbation of their vulnerabilities during the recovery process due to intersectional discrimination.	2 consultative meetings / focus groups	Not stated	Emerging issues: discrimination by staff; sexual exploitation and harassment; poor state of safehouses; and poor complaint handling procedures.  Recommendations: cultural inclusivity; complaints and feedback mechanisms; survivor entitlements; training for workers; and trauma informed care and support.
2	Begum, H. & Hamid, A. (2023) Shelter homes – Safe haven or prison? <b>Anti-Trafficking Review</b> 20 111-134	Academic article: Empirical study	Malaysia	Female trafficking survivors and professionals	29 trafficked women 12 professionals	To consider the conditions of victim detention from a socio-legal perspective with a particular emphasis on living conditions, legal support and mental and physical health care whilst in the facility.	Qualitative ethnography: interviews and 25 days of observation	Traditional safehouse (closed).	Detention of trafficked persons in shelters violates international law and is therefore considered unlawful.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
3	Bose, D. (2018) "There are no victims here": Ethnography of a reintegration shelter in for survivors of trafficking in Bangladesh. <b>Anti-Trafficking Review</b> 10 139-154.	Academic article: Empirical study.	Bangladesh	Female survivors of trafficking who had been repatriated to Bangladesh from India, Indonesia, Malaysia and other countries in the Middle East.  Shelter staff	13 survivors. 8 shelter staff.	To explore the paradox between NGO stated goals of empowerment and their practices of socialising survivors to recognise their perceived position at the bottom of a social hierarchy.	Qualitative ethnography combining participant observation, semi-structured interviews and focus groups.	Traditional Safehouse.	Shelter leadership engage in three strategies to discipline the desires of female survivors: regulating survivors desires, directing desires and rehabilitating desires. These activities run contrary to the narrative of female empowerment espoused publicly by the NGO.
4	Botha, R. & Warri, A. (2020) Service provision to adult victims of trafficking at shelters in South Africa. <b>Practice: Social Work in Action</b> 32 (1) 3-20.	Academic article: Empirical study.	South Africa	Social workers working in registered shelters for adult trafficking survivors in two provinces.	Not stated.	To explore social service provision to adult victims of human trafficking in shelters in two provinces in South Africa.	Qualitative semi-structured interviews.	Not stated.	Working with victims of trafficking in a shelter entails the provision of varied types of assistance – holistic social work practice within a multi-disciplinary context. Social workers need to be flexible in advancing human rights and socio-economic justice.
5	Cagney A, Lozano, M. & Dang, M. (2019) <b>Pre-NRM Accommodation Experiences of Survivors of Modern Slavery</b> . West Midlands Anti-Slavery Network and Survivor Alliance UK CIC.	NGO Report: Empirical Study	UK	Male survivors of modern slavery	5 survivors. Aged between 20 and early 40s. European and African nationalities. All had been in the NRM and most were waiting for the resolution of their NRM case.	To explore accommodation experiences prior to entering the NRM to inform a new place of safety operated by West Midlands Anti-Slavery Network for men after identification by the police.	Qualitative phone interviews	Not stated	Primary findings: a higher priority should be placed on support services available rather than the place of safety itself; need for proactive support with the challenges of cohabiting amongst distressed and vulnerable people; and support services of priority outside accommodation area healthcare, availability of staff and the need for distraction.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
6	Care Quality Commission (CQC) (2023) <b>Services for Survivors of Human Trafficking and Modern Slavery. CQC Inspections of Safehouse and Outreach Support Services Delivered under the MSVCC Contract.</b> CQC. London.	CQC Inspection Report Summary	England and Wales	MSVCC safehouse and outreach providers across England and Wales  Survivors residing in MSVCC safehouse accommodation and outreach	143 safehouse and outreach locations delivered by 12 provider organisations.  563 survivors	To inspect and report on safehouse and outreach provision in England and Wales delivered by the MSVCC.	Inspection visits and online survey with survivors .	Not stated	<p>Areas of good practice: enthusiastic and caring staff; personalised support and working in partnership with other organisations.</p> <p>Areas for improvement: identifying and responding to risk; oversight/quality assurance; support needs and risks associated with dependent children; suitability of the safehouse estate; training and workload of staff.</p> <p>Issues highlighted outside of the scope of the MSVCC: quality of initial assessment and admission process; lack of support for survivors with complex needs; and the impact of NRM delays identifying and provide support.</p>

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions/Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings/Main Report Conclusions
7	Cordisco Tsai, L. Lim, V. & Nhanh, C. (2020a) Perspectives of survivors of human trafficking and sexual exploitation on their relationships with shelter staff: Findings from a longitudinal study in Cambodia. <b>British Journal of Social Work</b> 50 176-194.	Academic article: Empirical study.	Cambodia	111/128 survivors of human trafficking and sexual exploitation engaged in the Chab Dai Butterfly longitudinal (2010 -2020) research project who resided in shelter accommodation.	236 in depth interviews and narrative summaries from female survivors of human trafficking and sexual exploitation (n = 79) collected between 2011 and 2016. Age range of participants: 12-25 years (35% of sample over 18 years).	To understand the perspectives and experiences of survivors on their relationships with shelter staff.	Secondary, qualitative data analysis of a sub-set of interviews and narrative summaries from the longitudinal dataset.	Not stated	Themes identified: importance of emotional safety, experiencing harsh treatment from staff, stigmatisation, not being believed and violations of client confidentiality and lack of trust.
8	Cordisco Tsai, L. Lim, V. & Nhanh, C. (2020b) Shelter-based services for survivors of human trafficking in Cambodia: Experiences and perspectives of survivors. <b>Qualitative Social Work</b> 21 (3) 523-541.	Academic article: Empirical study.	Cambodia	111/128 survivors of human trafficking and sexual exploitation engaged in the Chab Dai Butterfly longitudinal (2010 -2020) research project who resided in shelter accommodation.	79 female survivors Age range of participants: 12-25 years (35% of sample over 18 years).	To understand the perspectives and experiences of survivors pertaining to trafficking specific shelters.	Secondary, qualitative data analysis of 236 in depth interviews collected between 2011 and 2016	Not stated	Themes identified: feeling privileged to live in a shelter, lacking freedom and feeling imprisoned by rules, limited engagement with family, and mixed experiences with counselling.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
9	Cordisco Tsai, L. Lim, V. & Nhanh, C. (2020c) "I feel like we are people who have never known each other before": The experiences of survivors of human trafficking and sexual exploitation transitioning from shelters to life in the community. <b>Forum: Qualitative Social Research</b> 21(1) Art. 16	Academic article: Empirical study.	Cambodia	111/128 survivors of human trafficking and sexual exploitation engaged in the Chab Dai Butterfly longitudinal (2010 -2020) research project who resided in shelter accommodation	79 female survivors. Age range of participants: 12-25 years (35% of sample over 18 years).	To explore the experiences of survivors of human trafficking and sexual exploitation in Cambodia as they transition from living in trafficking specific shelters to residing in the community.	Secondary, qualitative data analysis of 236 in depth interviews collected between 2011 and 2016	Not stated	Themes identified: conflicted feelings about life in the community; difficulties completing school and securing employment; violence in the community; limited follow-up; unfulfilled expectations; feeling loved like a family member in the shelter but abandoned in the community; vulnerability in the community; dramatic differences between shelter and community; and varied experiences of case closure.
10	Cordisco Tsai, L. Lim, V. Nhanh, C. & Namy, S. (2022) "They did not pay attention or want to listen when we spoke": Women's experiences in a trafficking specific shelter in Cambodia. <b>Affilia: Feminist Inquiry in Social Work</b> 37(1) 151-168.	Academic article: Empirical study.	Cambodia	111/128 survivors of human trafficking and sexual exploitation engaged in the Chab Dai Butterfly longitudinal (2010 -2020) research project who resided in shelter accommodation.	20 female survivors residing in the same safehouse. Age range of participants: 18 - 25 years.	To centre the voices and insights of 10 women who resided in a trafficking specific shelter in Cambodia.	Secondary, qualitative data analysis of 45 in depth interviews and narrative summaries collected between 2011 and 2016.	Traditional safehouse (emphasis on vocational training).	Themes identified: being labelled a victim of human trafficking, feeling forced to live in the shelter, a strong desire to leave the shelter environment, disempowering engagement with staff, lack of professionalism among staff and limitations in vocational services.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
11	Gallagher, A. & Pearson, E. (2010) The high cost of freedom: A legal and policy analysis of shelter detention for victims of trafficking. <b>Human Rights Quarterly</b> 32 (1) 73-114.	Academic article: Empirical study.	Cambodia, Thailand, Italy and Eastern Europe	Females who have been trafficked or exploited.	Not stated	To use field-based research to document the phenomenon of shelter detention. To consider the international legal aspects of victim detention in shelters and to assess the justifications for such detention from legal, policy and practical perspectives.	Policy analysis based on field research carried out as part of a broader study on victim support and assistance measures using interviews. Two shelters in Cambodia and one in Thailand were case studies of closed shelters. Comparative insights obtained from visiting shelters in Italy and consulting service providers in central and eastern Europe.	Traditional safehouse (closed in Cambodia and Thailand).	Routine detention of victims is unlawful and never justifiable on policy grounds. In certain circumstances, victim detention can be legally defensible – onus on the state to advance these justifications on a case-by-case basis. Provision of emergency support can be easier in a situation of detention. However, these considerations are insufficient to justify a policy that implicitly or explicitly endorses detention.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
12	Garbers, K. Lumley-Sapanski, A. & Duggan. C. (2022) <b>Where Will I Live? Understanding how Hosting could fit within Current Accommodation Options for Survivors of Modern Slavery.</b> Rights Lab, University of Nottingham: Nottingham.	Academic report (not peer reviewed)	UK	Survivors of modern slavery and human trafficking who have resided in hosting arrangements supported by Hope at Home.  Hope at Home staff  Staff from referral agencies  Hosts	12 guests (survivors), 4 members of the Hope at Home team, 12 hosts and 7 referral agencies.	To understand the accommodation options available to survivors during and post the NRM and the role hosting could play within this.	Mixed methods study comprising interviews (guests and Hope at Home staff) and online survey (hosts and referral agencies)	Hosting/ community homes/ community volunteer homes	Overall, hosting was a positive experience for survivors and hosts. However, the policy and political climate led to some difficulties common across the accommodation pathways for survivors.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
13	Hacker, D. & Cohen, O. (2012) <b>The Shelters in Israel for Survivors of Human Trafficking.</b> Available online at: <a href="https://ssm.com/abstract=2070787">https://ssm.com/abstract=2070787</a>	Academic research report	Israel	Male and female victims of trafficking. Policymakers. Professionals.	Victims: Females: 10 residing in the shelter and 5 previous residents. Males: 11 residing in the shelter and 4 previous residents. Policymakers and professionals: 12 in official bodies 4 in NGOs and 8 shelter staff	What is the place and goal of shelters within the overall support provision framework? What populations are treated by the shelters and what are their needs? What achievements have the shelters secured? What difficulties and challenges are faced by the staff of the shelters? How can an appropriate response be provided for the needs of victims of human trafficking within the framework of the shelters?	Qualitative evaluation using in-depth interviews (victims, policymakers and professionals) Group discussions (shelter staff)	Traditional safehouse	14 core areas for recommendations: co-operation, supervision and adaption; identification and referral; temporary work permits; structure, location, equipment and leisure activities; health; employment and vocational training; developing a theory of rehabilitation; balancing trauma and recovery models and trauma and growth models; children; legal proceedings; language; day services; leaving shelters and safe return; and training professionals.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions / Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings / Main Report Conclusions
14	Hacker, D. Levine-Fraiman, Y. & Halil, I (2015) Ungendering and regendering shelters for survivors of human trafficking. <b>Social Inclusion</b> 3 (1) 35-51.	Academic article: Empirical study.	Israel	Male and female victims of trafficking. Policymakers. Professionals	Victims: Females: 10 residing in the shelter and 5 previous residents. Males: 11 residing in the shelter and 4 previous residents.  Policymakers and professionals: 12 in official bodies 4 in NGOs and 8 shelter staff	To explore the gendered dimensions of rehabilitation attempts within a male and female shelter in Israel.	Qualitative, in-depth interviews (victims, policymakers and professionals) Group discussions with shelter staff.	Traditional safehouse	Problematic gender differentiations between the support offered in the two shelters were highlighted. Key areas identified: shelters names; freedom of movement; pocket money; emotional rehabilitation; employment rehabilitation; leisure activities; motherhood, fatherhood and children; and leaving the shelter.
15	Hibiscus Initiatives (2020) <b>Closed Doors: Inequalities and Injustices in Appropriate and Secure Housing Provision for Female Victims of Trafficking who are Seeking Asylum.</b> Hibiscus Initiatives. London.	NGO Report: Empirical study	UK	Female survivors of human trafficking who are also seeking asylum.  Support professionals	9 female survivors who have been through the NRM and were living in asylum accommodation.  Support professionals (sample size not reported)	To highlight the injustices and gaps in housing provision for women who are formally identified as potential victims of human trafficking by the NRM.	Qualitative focus group and interview study. Two focus groups with survivors (n=6), one to one interview with survivors (n=3) and semi-structured interviews with professionals	Not stated	In the period 01/04/2017 and 31/03/2019 1188 women were referred into the NRM. Of those 334 foreign national victims were accommodated  Most individuals were residing in asylum accommodation.  Themes: location; eligibility; lack of face-to-face needs assessment; lack of clarity re entitlements to VCC accommodation; reluctance to move into safehouse accommodation; and long-term empty beds in some areas.

Paper Number	Full Citation	Document Type	Geographical Location	Population	Sample Size and Characteristics	Research Questions/Aims	Study Design	Description of Safehouse Accommodation	Summary of Study Findings/Main Report Conclusions
16	Human Trafficking Foundation (2023) <b>The Key Issue: Housing for Survivors of Modern Slavery.</b> Human Trafficking Foundation: London.	NGO Report: Empirical study	UK	Survivors of modern slavery and human trafficking.  Stakeholders (unspecified)	Not stated	To raise the profile of the housing injustice that both British and Foreign national survivors of modern slavery experience in England and Wales and examine whether a whole housing approach could be a potential framework to provide solutions.	Desk review.  Lived experience consultations.  Interviews and discussions with stakeholders.  Housing roundtable.	Not stated	Situates MSVCC safehouse provision as temporary accommodation. Pre NRM safehouses are referred to as emergency accommodation.  MSVCC safehouses are important for support provision for those without recourse to public funds.  Numbers in MSVCC safehouses are small – only offered after other accommodation options have been explored.  People may refuse safehouse accommodation due to rules. Eg no guests, having to move geographical location.
17	Human Trafficking Foundation (2025) <b>The Slavery and Trafficking Survivor Care Standards.</b> Human Trafficking Foundation: London.	NGO report: Care Standards	UK	Survivors of modern slavery and human trafficking	Over 150 stakeholders including survivors, providers, policy and academics (numbers per group not specified)	The chapters of the care standards provide an overview of the standards for delivering care and support.	Developed via collaboration with stakeholders (including people with lived experience) across service provision in the UK.	Traditional safehouse	One standard related to NRM safehouse provision which states: professionals understand the support and accommodation provision for survivors who are in the NRM and assist survivors to make informed decisions about it.

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18	Ide, M. & Mather, DM. (2019) The structure and practice of residential facilities treating sex trafficking victims. <b>Journal of Human Trafficking</b> 5 (2) 151-164	Academic article: Empirical study	United States of America	Staff working in residential facilities for female sex trafficking victims	10 programme coordinators and directors	Who do residential facilities for sex trafficking victims serve? Are they providing the care needed for sex trafficking victims? How are they structured? What standards do they use to measure success? How successful are they according to these standards?	Qualitative interview study	Range of accommodation options including standalone entities and transitional programmes as part of wider homelessness provision.	Residential programmes were designed around 5 support categories: social support, counselling, education, job skills and life skills. The facilities did not have standards for evaluation or a definition of success.

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19	Jones, E. Loomis, M. Mealey, S. Newman, M. Schroder, H. Smith, A. & Wickline, M. (2019) Development of a comprehensive infection control program for a short-term shelter serving trafficked women. <b>Public Health Nursing</b> 36 53-61.	Academic article: Practice development.	United States of America	Staff working in a shelter for trafficked women.	14 staff members including administrators, case managers, peer support specialists and shelter staff	To develop an infection control plan to keep the staff, the shelter and drop-in guests healthy by reducing the spread of diseases.	Practice development project undertaken by student nurses (n = 6) and one faculty member. Baseline knowledge of infection control procedures collected via survey. Development of written infection control information with staff and a teaching session, followed by post-test follow-up 9 months after implementation.	Traditional safehouse	Shelters have specific infection control needs that require a comprehensive plan. The partnership between academia and NGO allowed nursing students to apply evidence towards a sustainable intervention.
20	Maass, K. L. Trapp, A. C. & Konrad, R. (2020) Optimizing placement of residential shelters for human trafficking survivors. <b>Socio-Economic Planning Sciences</b> 70 100730.	Academic article: Empirical study.	United States of America	Decision makers allocating budget to fund shelter accommodation for survivors of sex trafficking	Not stated	To introduce a mathematical framework to aid decision-makers in allocating budget amongst various geographical locations to fund residential shelters that maximises social value.	Mathematical modelling using a nonlinear integer optimisation model.	Not stated	Even in the least favourable scenario, there is value in placing at least one shelter. Programmes in the US that cost less than 50,000 USD per QALY (Quality Adjusted Life Years) gained are usually considered cost effective.

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21	Mikeal, C. W. (2023) Atypical jobs in Psychology: Provision of cross-cultural safe-house services for survivors of human trafficking in Finland. <b>Psychological Services</b> 20 (52) 88 -92.	Academic article: Personal reflection.	Finland	Counselling psychologist	One counselling psychologist.	To outline the career of a counselling psychologist self-employed within Samaria, a Finnish NGO engaged in aftercare activities for victims of human trafficking.	NA	Traditional safehouse	Embedded roles create ethical challenges in terms of fluid and multiple relationships; consideration needs to be given to the differences in the cultural and religious backgrounds of the organisation and staff versus women and children seeking support; and self-care is an important consideration for people doing this work.
22	Namy, S. Namakula, S. Nabachwa, A. G. Ollerhead, M. Cordisco Tsai, L. Kemitare, J. Bolton, K. Nkwanzi, V. & Carlson, C. (2023) "All I was thinking about was shattered: Women's experiences transitioning out of anti-trafficking shelters during COVID-19 lockdown in Uganda. <b>Affilia: Feminist Inquiry in Social Work</b> 38 (2) 278-293	Academic article: Empirical study	Uganda	Females enrolled in a larger research project evaluating 'Move with HaRT', a mind-body mental health intervention.	6 females who decided to transition out of shelter services Age range: 20 -29 years.	To explore the lived experiences of 6 females as they unexpectedly transitioned from a trafficking -specific shelter to their home communities due to the COVID-19 lockdown in Uganda.	Qualitative in-depth interviews.	Traditional safehouse	Themes identified: economic insecurities as cross-cutting hardship; intensification of emotional and physical symptoms; social disruptions; and sources of hope and resilience.

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23	Office for Democratic Institutions and Human Rights (2022) <b>National Referral Mechanisms. Joining Efforts to Protect the Rights of Trafficked Persons. A Practical Handbook.</b> 2 <sup>nd</sup> Edition. OSCE ODIHR: Poland.	Policy Report	International	Survivors of modern slavery and human trafficking	NA	Provides a guidance model that all OSCE participating states and others can adapt and apply within their own national systems. Its purpose is to provide essential information of the working methods, procedures and services that are required to fulfil the objectives of NRMs.	NA	NA	One section on accommodation for adults, subjects covered: assessment of adults' accommodation needs; sheltered (or safehouse) accommodation, and internal and external standards for safety

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24	Polaris Project (2012) <b>Shelter Beds for Human Trafficking Survivors in the United States. Executive Summary.</b> Polaris Project. Washington.	NGO Report: Empirical study	United States of America and United State Territories	Providers of shelter accommodation for survivors of human trafficking.	137 shelter providers	To estimate the total number of shelter beds available for human trafficking survivors in the US.	Quantitative: telephone survey with provider organisations	Not stated	A total of 1644 beds available across the US. 1115 are in organisations that have human trafficking programmes but also serve other populations. 529 beds are exclusively for human trafficking survivors. The 529 beds are provided across 50 organisations, 22 for sex and labour trafficking and 28 for sex trafficking only. 66% beds are for sex trafficking survivors. 117 beds are available to men (only 2 are designated exclusively to males). 28 states have no provision specific to survivors of human trafficking. 10 organisations offer hotel vouchers as an alternative to emergency shelter.
25	Surtees, R. (2008) <b>Why Shelters? Considering Residential Approaches to Assistance.</b> Nexus Institute to Combat Human Trafficking. Austria.	NGO Report: Empirical study	Southeast Europe the former Soviet Union. West Africa Southeast Asia.	Trafficking survivors and professionals providing support within shelter settings	Not stated	To explore situations in which the shelter model may not be the best assistance option for trafficked persons.	Qualitative interviews. Literature review.	Not stated	Where conditions are good with professional staff and a healthy and safe atmosphere, shelters can be a positive resource and a valuable site of assistance. Problems with shelters centre on three core areas: the nature and characteristics of the shelter model; the design of the shelter programmes; and the personal circumstances (social and economic) of trafficked persons.

# MODERN SLAVERY & HUMAN RIGHTS

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The Modern Slavery and Human Rights Policy and Evidence Centre (Modern Slavery PEC) at the University of Oxford exists to enhance understanding of modern slavery and transform the effectiveness of laws and policies designed to address it. The Centre funds and co-produces high quality research with a focus on policy impact, and brings together academics, policymakers, businesses, civil society and survivors to collaborate on solving this global challenge.

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