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The Modern Slavery Core Outcome Set

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The Modern Slavery Core Outcome Set: a survivor-driven consensus on priority outcomes for recovery, wellbeing, and reintegration

Abstract: *Background:* There is no consensus on the outcomes needed for the recovery and reintegration of survivors of modern slavery and human trafficking. We developed the Modern Slavery Core Outcome Set (MSCOS) to address this gap. *Methods:* We conducted three English-language reviews on the intervention outcomes sought or experienced by adult survivors: a qualitative systematic review (4 databases, 18 eligible papers, thematic analysis), a rapid review of quantitative intervention studies (4 databases, 8 eligible papers, content analysis) and a grey literature review (2 databases, 21 websites, a call for evidence, 13 eligible papers, content analysis). We further extracted outcomes from 36 pre-existing interview transcripts with survivors, and 7 interviews with survivors from underrepresented groups. We narrowed down outcomes via a consensus process involving: a three-stage E-Delphi survey (191 respondents); and a final consensus workshop (46 participants). *Results:* We generated 398 outcomes from our three reviews, and 843 outcomes from interviews. By removing conceptual and literal duplicates, we reduced this to a longlist of 72 outcomes spanning 10 different domains. The E-Delphi produced a 14-outcome shortlist for the consensus workshop, where 7 final outcomes were chosen. Final outcomes were: ‘long-term consistent support’, ‘secure and suitable housing’, ‘safety from any trafficker or other abuser’, ‘access to medical treatment’, ‘finding purpose in life and self-actualisation', ‘access to education’, and ‘compassionate, trauma-informed services’. *Conclusion:* The MSCOS provides outcomes that are accepted by a wide range of stakeholders and that should be measured in intervention evaluation.

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The Modern Slavery Core Outcome Set: a survivor-driven consensus on priority outcomes for recovery, wellbeing, and reintegration

Background

An estimated 49.6 million people worldwide live in modern slavery (International Labour Organisation & Walk Free Initiative of the Minderoo Foundation 2022), which encompasses the 'severe exploitation of other people for personal or commercial gain', including human trafficking, forced labour and debt bondage (Anti-Slavery International 2021). Survivors of modern slavery experience serious and long-term health, social, and economic consequences (Ottisova et al. 2016, Evans et al. 2022). However, high-quality evidence is lacking about how policies and services can effectively intervene to support survivor recovery, wellbeing, and reintegration (Dell et al. 2019).

The term 'modern slavery' is a controversial one. It has been criticised as undermining international cooperation, trivialising historical slavery and being appropriated for political purposes (Dottridge 2017, Faulkner 2017). O'Connell Davidson (2018) has argued that the term risks equating today's exploited persons to "things" rather than recognising their agency and diverse experiences. However, charities such as Freedom United defend the use of the term ‘modern slavery’ by highlighting its resonance with the public and power to galvanize global action (Ewart-James and Howard 2020). Relatedly, Plant (2015) suggests that, while terminologies may vary, the essential focus remains on eradicating severe forms of exploitation. For the purposes of this research, we use 'modern slavery' with an understanding of its limitations, but also its strategic value in generating a common understanding and facilitating discussions on the recovery and reintegration of survivors.

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A major barrier to evaluating the effectiveness of support interventions - as well as to the synthesis and application of what evidence exists - is the high degree of variability of outcomes used in modern slavery research (Wright et al. 2021, Graham et al. 2019, Doherty et al. 2016). In their systematic review, for example, Graham et al identified more than 25 broadly defined constructs measured across 53 studies (Graham et al. 2019). Fewer than half of the studies reported the measures used to collect information and the majority used study-specific measures, including items developed by the study research teams and individual items selected from multiple scales. Comparing the effectiveness of interventions, and ensuring quality, requires that the measurement of outcomes be standardised and consistently reported. Building consensus about which outcomes should be measured is therefore vital.

A further problem is the lack of survivor involvement characterising many of the policies, programmes, and evaluations that aim to support survivor recovery, with intervention outcomes rarely chosen - or even informed - by survivors. The outcomes targeted for improvement and measured for evaluations may therefore not be meaningful to their recovery and reintegration experiences. Nor is it clear to what extent outcomes reflect the concepts of success held by those that deliver or commission interventions. Existing academic research is largely focused on survivors' physical and mental health, with limited consideration of other aspects of wellbeing (e.g., coping, social support), outcomes probably relevant to recovery (e.g., family relationships, employment, engagement in education or training, needs related to legal issues or advocacy), or service engagement (Graham et al. 2019).

The Core Outcome Measures for Effectiveness Initiative (COMET) (Williamson et al. 2017), which promotes the development of core outcome sets, provides a model for the development of a survivor-driven consensus on priority outcomes for supporting recovery

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after modern slavery. Core outcome sets are "agreed, standardised sets of outcomes" developed using consensus methods to identify and agree outcomes important to all stakeholders, and intended to be measured and reported across as a minimum in all clinical trials in specific areas of health or health care (COMET Initiative 2020). Although initially intended for use in clinical trials and to support the monitoring and evaluation of health challenges, the concept can be extended to problems that require complex and multi-sectoral responses (Powell et al. 2022) as well as intervention evaluation, intervention design, and service delivery.

We developed a Modern Slavery Core Outcome Set (MSCOS) to support the future design and evaluation of interventions to support survivors of modern slavery. We conceptualised survivor health as broadly as possible, being open to the potential importance of social and educational outcomes. Similarly, we attempted to approach the concept of health interventions creatively, for example allowing for human trafficking interventions that campaign for political change or raise awareness where relevant. We defined outcomes as "the direct or indirect result of a planned action that is facilitated by an outside party or programme to facilitate survivor recovery, well-being and reintegration". To ensure that the MSCOS was produced through a survivor-driven consensus process and that the outcomes were meaningful to survivors, we adopted a participatory approach to its development.

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Methods

The study has been registered with the Core Outcome Measures in Effectiveness Trials (COMET) initiative (ref 2317, https://www.comet-initiative.org/Studies/Details/2317) and adheres to the Core Outcome Set Standards for Reporting (**Appendix D**). The protocol was not prospectively published. In line with COMET methodology (Williamson et al. 2017), a two-stage approach was used (see Figure 1). Phase 1 was generative in nature and, drawing

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upon literature reviews and qualitative interviews, produced a long list of candidate outcomes. In phase 2, stakeholder workshops and a three-stage e-Delphi were used to refine and gain consensus on the outcomes to be included in the core outcome set. We received ethical approval from the KCL Health Faculties Research Ethics Committee (HR/DP-21/22-26450 and HR/DP-21/22-26029).

<<Insert Figure 1 here>>

Survivor involvement

We adopted a participatory research approach in this project. Participatory research can involve participant or lived experience participation in the research design, data collection, analysis, and dissemination. It exists on a spectrum from participants acting as advisors to being peer researchers. Adopting a participatory approach is one way of meeting growing calls for survivor leadership and involvement in trafficking research (e.g., Dang et al. 2021). Survivor involvement can make research and services more effective, meaningful and counter trafficking experiences of exploitation. Researchers working with people seeking sanctuary, a population that includes modern slavery survivors, have suggested that a participatory approach may be able to reduce harmful power dynamics between researchers and participants and disrupt some of the colonial power dynamics inherent in research and intervention practices (Jannesari 2022). A participatory approach makes space for participant input, experience, and control and should produce more meaningful and relevant outcomes for our MSCOS.

The participatory approach adopted in this study was informed by the principles detailed in the Survivors Voices Charter (Perot et al. 2019), and strived in particular, to create 'intentional space for dialogue with survivors… [where] projects, events and research findings [have] survivors' voices as a key input, allowing them to be the "experts by

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experience"'. Survivor Alliance, a survivor-led international network providing leadership training, consultancy, and research opportunities to survivors of modern slavery and human trafficking, was a partner organisation to the research, supporting the inclusion of survivors throughout the research as well as the use of accessible and survivor-informed data collection and dissemination practices.

Peer researchers with experience of modern slavery were recruited through Survivor Alliance and embedded in the core project team at month three. Researchers worked with the academic team to design and deliver core project activities including the reviews, workshops and E-Delphi. Researchers received training and support through the 'Placing Survivor Voice and Wellbeing on the Policy and Evidence Map' programme (University of Birmingham 2022), as well as project-specific research training and support facilitated by the academic team. The establishment of a seven-member survivor research advisory board (RAB) was again facilitated by our partnership with Survivor Alliance and the RAB met bi-monthly to provide additional lived-experience guidance for the design and implementation of the project and the interpretation of findings. Finally, and as detailed below, survivors were involved as participants in the research. At all stages of the project, survivors were paid for their time according to NIHR (2022) participation guidelines.

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Participants

We recruited survivors, practitioners, academics, and policymakers for the stakeholder and consensus workshops and e-Delphi surveys (phase 2). We additionally recruited survivors to qualitative interviews (phase 1).

a. Survivors. We recruited survivors through survivor organisations including but not limited to Survivor Alliance. Experiences of modern slavery could have been either as adults or as children and did not have to have occurred in the UK. Survivors had to

have accessed services or interventions at some point in their lives to be eligible to take part. Participation in the workshops and supplementary interviews was limited to English-speaking adults. Through international NGOs in India and South Africa, we also recruited survivors who spoke Hausa and Hindi to the e-Delphi; NGOs translated the questionnaires for non-English speaking participants.

b. Practitioners. We recruited adult, English speaking staff members and volunteers at any charity or not-for-profit organisation working with survivors of modern slavery and human trafficking. We also recruited healthcare staff who worked with or had previously worked with survivors, or worked in a role relating to survivors such as in safeguarding or overseas charging. Practitioners from any country setting were eligible.

c. Academics. We recruited adult, English-speaking academics and students who had written or contributed to literature on modern slavery either through an academic paper, news article, or charity report. Academics from any country setting were eligible.

d. Policymakers: We recruited adult, English-speaking staff working for government departments, government-affiliated bodies (e.g., the UK Independent Anti-Slavery Commissioner's Office), and public bodies (e.g., the UK National Health Service). They had to have a policy brief or job description that included modern slavery. In this category, we also included current/former MPs whose work was relevant to modern slavery and human trafficking, as well as NGO lobbyists. Policymakers from any country setting were eligible.

Phase 1 information sources

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Candidate outcomes were identified through (1) a series of three literature reviews; (2) secondary analysis of qualitative interview transcripts; (3) supplementary qualitative interviews.

Literature reviews. Three literature reviews were conducted: (1) A review of peer-reviewed qualitative studies (led by SR). This review aimed to identify service and intervention outcomes sought or experienced by survivors of human trafficking and modern slavery. (2) A review of peer-reviewed intervention studies (led by AS). This review aimed to identify outcomes measured in studies evaluating interventions for survivors of human trafficking and modern slavery. The review proceeded in two steps, firstly identifying relevant systematic reviews and secondly screening individual studies included within those reviews. (3) A review of grey literature (led by SJ). This review aimed to identify intervention outcomes for survivors of human trafficking and modern slavery from reports, service evaluations and other non-academic research.

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Search strategies. Full search strategies can be found in **Appendix A**. For the qualitative review, SR searched EMBASE, MEDLINE, HMIC and PsycINFO using a combination of Medical Subject Headings (MeSH) and text words for the period 1/1/2000 to 30/03/2021. Further relevant qualitative studies were identified by expert recommendation through callouts via networks such as HEAL trafficking and VITA. For the interventions review, SO searched EMBASE, MEDLINE, HMIC and PsycINFO using a combination of Medical Subject Headings (MeSH) and text words for the period 1/1/2011 to 2/7/2021.

For the grey literature review, SJ searched the NICE Evidence Search and Open Grey databases and the websites of national and international anti-trafficking charities, survivor-led organisations, government websites in English-speaking countries (E.g., the UK, the US and Australia), and bodies that sit between universities, charities, and governments. Searches

were conducted between 12/9/2021-26/12/2021, with a lower date limit of 12/9/2021. Search terms were used where websites had search functionality, otherwise a manual review of the relevant sections of the websites (e.g., resources or reports sections) was undertaken. Further relevant reports were identified through requests to our project partners Survivor Alliance and Helen Bamber Foundation, the RAB, and workshop attendees and by review of records returned in but excluded from the qualitative and quantitative reviews as grey literature. Forwards and backwards citation tracking was conducted for all three reviews using Google Scholar and reference list screening, respectively.

Inclusion and exclusion criteria. Common across the three reviews was a focus on the outcomes of interventions and services received or sought by adult survivors of modern slavery. We defined modern slavery as the severe exploitation of other people for personal or commercial gain, including human trafficking, forced labour and debt bondage (Anti-Slavery International 2021) and survivors as people who have lived experience of and have exited modern slavery (Survivor Alliance 2022). We excluded studies whose main population was people who experienced modern slavery as a result of state forced labour, forced marriage or descent-based slavery as these categories typically sit under different policy areas than the categories we included. In studies with mixed ages, at least 75% of the sample were required to be aged 18 or over for the study or report to be included. Interventions of interest were psychosocial or psychological (studies reporting on pharmacological interventions were ineligible) and could operate at the individual, group, or community level. Outcomes of interest were those that related broadly to recovery and reintegration, including i) health and wellbeing; (ii) recovery; (iii) functioning; (iv) adversity and material deprivation; (iv) safety and risk; (v) access to or experiences of resources, services, or programmes; (vi) education and employment; (vii) legal status; (viii) family and other interpersonal relationships. We

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required that papers and reports be published in English due to limitations in the languages spoken by the review team, but no restrictions were placed on country setting.

We additionally applied review-specific criteria. Studies were eligible for inclusion in the qualitative review if they: presented the results of peer-reviewed qualitative or mixed-methods research (including more than two lines of participant quotes); were published since 2000; included the perspectives of adult survivors of modern slavery; and reported primary accounts of experienced or expected outcomes of post-trafficking service provision. The interventions review first identified peer-reviewed systematic reviews for which the scope included intervention studies (either controlled or uncontrolled and with or without randomisation) or programme or service evaluations for adult survivors of modern slavery. Systematic reviews were required to have a structured search strategy which included electronic database searches and to have been published since 2011 (we judged that individual studies included in earlier reviews should also be included in comprehensive reviews published after this date). Individual studies reported in reviews meeting these criteria were then screened, and were eligible if they included evaluation of a defined activity, intervention, programme, or service and at least one outcome was measured at the level of the intervention recipient or their family. Eligible for inclusion in the grey literature review were non-peer reviewed reports that included research of any design describing the outcomes of interventions and evaluations of services for adult survivors of modern slavery. We accepted reports published by governments, intergovernmental agencies, charities and other non-profit groups, and private companies. Research published in academic journals, book chapters, conference papers, theses and dissertations were excluded, as was any material published solely by universities or within charity annual reports, and opinion pieces, blogs, articles, reports or other material that was not based on research.

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Screening and data extraction. For all reviews, titles and abstracts were screened against the inclusion and exclusion criteria. Full-text screening was then conducted on eligible papers. A second reviewer reviewed a percentage of articles (25% in the qualitative review, 10% in the quantitative and grey literature review) independently in both phases. Disagreements between reviewers were resolved by discussion with a senior member of the MSCOS team (SO or SP). Data from the included studies and reports were extracted into an MS Excel spreadsheet. In addition to extracting information on outcomes, we extracted information on study design, study setting, sample size and characteristics (e.g., proportion of men and women, age, types of exploitation experienced, secure/insecure immigration status), intervention type, and methods of data collection and analysis.

Synthesis. Content analysis (Stelmer 2000) was used to extract outcomes from the intervention and grey literature reviews. Data from the qualitative review were analysed using meta-ethnography (Atkins et al, 2008, Noblit and Hare, 1988), with first-order constructs (participant quotes), and second-order constructs (which included author interpretations) extracted and coded before synthesis of third-order constructs using an iterative process of reciprocal translation.

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Survivor interviews

To identify additional outcomes of interest to survivors of modern slavery, we undertook a secondary analysis of anonymised interview transcripts from Wright et al (2020) and conducted new supplementary interviews with adult survivors of modern slavery. Methods and sample characteristics are described in full elsewhere (Wright et al., 2020). Transcripts were shared following a data sharing agreement and content analysis used to extract outcomes relating to recovery and reintegration. One researcher with lived experience of modern slavery (BD) conducted seven semi-structured qualitative interviews with adult

survivors of modern slavery between 29/11/2021 and 6/1/2022. Recruitment was facilitated by Survivor Alliance and our Survivor Research Advisory Board, and purposive sampling used with the aim of interviewing individuals from groups underrepresented in the literature: UK, Albanian, Eritrean, and Vietnamese nationals; male survivors of labour exploitation for criminal activity; and individuals who do not access formal government-funded support for survivors of modern slavery. Participants gave written informed consent prior to interview and could withdraw at any stage. Interviews lasted between 30-90 minutes and followed trauma-informed principles (Buffalo 2020). Topics covered included important recovery outcomes, milestones, achievements, and desires; differences between these and recovery outcomes participants perceived services as prioritising, and what outcomes participants wanted services to prioritise. The topic guide was reviewed and approved by our RAB. Interviews were recorded and transcribed by BD, and content analysis (Stelmer 2000) used to extract outcomes. Sample characteristics are not provided to protect participant anonymity.

Synthesis and longlist development

An outcome longlist was created by synthesising the outcomes extracted from the interviews and literature reviews. Outcomes were placed in an Excel file with a name, description/indicator, the quote/passage of text they were extracted from, and a domain(s). Domains were drawn from the typology presented in Jannesari et al.'s review of social environmental factors associated with asylum seeker mental health and the social determinants of health described by the World Health Organisation (Jannesari et al., 2020, WHO, 2017). Outcomes in the same domains that described similar concepts were merged by the research team. Where the same outcome was in more than one domain, the research team decided on which domain it was most relevant based on its description and similarity to other domain outcomes. The longlist formed the basis of the e-Delphi surveys and consensus

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workshops in phase 2. This longlist was reviewed by our Survivor Research Advisory Board who suggested more positive framings for outcomes that emphasised survivor agency and aspirations for a better life. These outcomes moved away from the deficit framings common in health settings. For example, 'coping with mental health problems' was subsumed within the outcomes of 'self-compassion' and 'acceptance'.

Consensus process

We aimed to establish a deliberative consensus (Haug 2015) rather than a unanimous agreement on outcomes. Accordingly, though a wide range of stakeholders influenced the MSCOS, everyone agreed that the views of survivors should be centred.

Stakeholder workshops: Prior to the e-Delphi survey, we held two invitation-only, half-day online workshops to build relationships with and introduce the project to key stakeholders (including survivors of modern slavery) and help us think about how to describe the outcomes in the e-Delphi. Both sessions were independently facilitated and included a support and debriefing space for survivors run Survivor Alliance. They were not part of data collection, therefore no findings from the workshops are presented.

E-Delphi surveys: In phase 2, we used a three round, three panel e-Delphi to reduce and refine the longlist of outcomes developed in phase 1. We drew on the national and international professional networks of the research team and of the Modern Slavery Policy Evidence Centre, as well as our Survivor Research Advisory Board to recruit to the survey. Additionally, we contacted the authors of studies included in the phase 1 literature reviews and used snowball sampling. Participants were sorted into three groups: 1) academics; 2) practitioners/policy makers; and 3) survivors.

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We built our E-Delphi survey using Qualtrics (2022) software. Participants could complete the survey via computer, tablet, or mobile phone. Visually impaired participants were provided with a PDF version of the survey and supported by a member of the research team to complete it. This represented the length of time each round of the e-Delphi was open for. After this time, data was analysed and used to inform the next round so could not be withdrawn. Data from participants who did not complete their survey were also withdrawn.

In the first survey, participants were presented with the outcomes longlist, organised by domain. They could comment upon or suggest changes to the included outcomes and suggest new outcomes for inclusion. Where two or more respondents (this minimum number was decided so that changes reflected some form of consensus) made a similar suggestion about the same outcome, outcomes descriptions were adjusted, new outcomes added, and original outcomes merged as appropriate. In instances where respondents expressed opposing opinions, the MSCOS research team discussed how to proceed.

In the second survey, participants received a revised outcomes longlist, which was again organised by domain. Participants were asked to rate each item for inclusion in the MSCOS on a 5-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree and strongly disagree) and to choose their top five domains and outcomes for inclusion. Respondents also had the option to comment on why they had made these choices. Outcomes were ranked by subtracting the number of 'strongly agrees' from the number of 'neither agree nor disagrees'. Any outcome ranked below the median, that had been commented upon negatively, or was in an unpopular domain (defined as a domain in the bottom half of the rankings) was considered for removal. However, if an outcome was ranked in the top five by three or more participants, it was retained at this stage.

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In the third and final survey, participants received a revised outcomes list. Outcomes were sorted randomly rather than by domain, reflecting the reduced number of outcomes. Respondents were asked to rate items for inclusion in the final MSCOS on a five-point Likert scale but could select the top-score ('strongly agree') a maximum of 12 times. Again, there was space for respondent comments. The 12 outcomes that received the highest overall rankings plus additional items scoring within the survivor panel's top 12 were included in the final consensus workshop.

Consensus workshop: The consensus workshop was used to decide on the final outcomes for inclusion in the MSCOS. Participants were recruited from previous stages of the research. This workshop was facilitated by an independent facilitator, had a series of break out room discussions facilitated by MSCOS research team members, and adopted survivor-informed practices.

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Prior to the workshop, participants were asked to rank their top and bottom three outcomes. During the workshop, participants discussed their rankings in small groups, following these discussions they individually ranked their top three outcomes through an anonymous online Google Form. The results of the overall participant rankings and survivor participant rankings were shared with all workshop participants in a collective discussion before participants returned to small groups to continue their discussions. After this final discussion, participants were asked to reselect their top three outcomes. The final MSCOS included the six outcomes that received the most votes overall plus any outcomes that were in the survivor top six but not in the overall top six. Descriptors for each of these outcomes were developed with survivors. All outcome descriptors include qualitative indicators with the potential for development of implementable standards. These qualitative indicators and

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descriptors can feasibly be expressed as a potential set of standards that could be further developed to be measured quantitatively, qualitatively, and through survivor self-report.

Results

Phase 1

Across the multiple activities contributing to phase 1 - three literature reviews and interviews with 41 survivors of modern slavery - we identified 1,241 candidate outcomes. The reviews included 39 papers (interventions review 8 papers, qualitative literature review 18 papers, grey literature review 13 papers) reporting on 1,335 participants (interventions review 240 participants, qualitative literature review 214 participants, grey literature review 881 participants), and contributed 398 outcomes (interventions review 33 outcomes, qualitative literature review 35 outcomes, grey literature review 330 outcomes). Studies were predominantly conducted in North America and Europe and focused mainly on trafficking for sexual exploitation. Information on the studies included in each of the reviews is presented in **Appendix B**. Analysis of interview transcripts identified 843 outcomes. These included 584 outcomes from our secondary analysis of 36 interview transcripts (an average of 16 per interview) and 259 outcomes from interviews conducted with seven survivors identified as being in groups previously underrepresented in the literature (an average of 37 per interview). This initial list of 1,241 outcomes was reduced to a 72-item longlist, organised into ten domains.

Review of intervention studies: Mental health outcomes (e.g., depression, PTSD) featured heavily in the review of intervention studies: four of the eight included studies used structured instruments to screen for or diagnose mental health problems (Munsey et al. 2018, Robjant et al. 2017, Ostrovschi et al. 2011, and George et al. 2010). Two studies (Magnum et al. 2019, Cerny et al. 2019) used a structured instrument to assess performance of daily

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activities like self-care, leisure, and productivity, and two used measures developed by NGOs that encompassed a wide range of outcomes, including housing, social health, employment, and legal/immigration issues (Shareck et al. 2020, Potocky 2010).

Review of qualitative studies: The review of qualitative studies generated outcomes organised under four themes. The first, 'facets of service provision' identified the resources, activities, and psychological support needed for post-trafficking support, and focused on preparing for a life beyond immediate aftercare, while 'personal desired outcomes from aftercare provision' described outcomes desired by survivors including independence and agency, stability, greater self-efficacy, formation of an identity and safety. The third theme, 'qualities displayed by service providers' highlighted the importance of non-judgemental, compassionate, empowering approaches and authenticity from services, explaining that for many survivors, working with compassionate staff was an outcome in itself. Finally, 'recommendations for services' emphasised the need for aftercare provision to provide holistic, specialised, and long-term care and support.

Review of grey literature: The review of grey literature produced a large number of outcomes covering a range of areas, but particularly prominent were those relating to services (e.g., services keeping their promises). wellbeing (e.g., being loved), and survivor agency (e.g., amplifying survivor voices, being heard, taking the lead [in services], not being treated like a victim). Outcomes related to peer support (e.g., connecting to other survivors, starting peer support groups) also emerged as important.

Qualitative interviews: A third of the outcomes extracted from our secondary analysis of interview transcripts focused on mental health and wellbeing (e.g., positivity, self-esteem, self-awareness, anxiety, suicidality); unsurprising, given that interviews focused on mental health recovery. A fifth of extracted outcomes related to feeling "normal" and being able to

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function and participate in everyday society (e.g., feeling human, feeling heard, being able to sleep, being social, being able to use public transport). Outcomes relating to immigration status were fewer in number but were described as being of great importance to mental health. Analysis of the seven supplementary interviews added nuance to and drew links between previously extracted outcomes. For example, they illustrated the intimate link between safety and housing, revealing serious incidents of violence and continued abuse in managed/provider accommodation.

Longlist development: The initial list of 1,241 outcomes was reduced to a 72-item longlist through discussion within the research team and reflection on feedback from the initial stakeholder workshop and RAB (including, for example, to frame outcomes more positively than was often the case in the literature) These outcomes were organised into ten domains: (1) creating change; (2) supportive services; (3) rights, justice and dignity; (4) health and wellbeing; (5) safety; (6) agency and purpose; (7) belonging and social support; (8) opportunities; (9) recognition, understanding and awareness; and (10) consistency and stability.

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Phase 2

Sample information and aggregate results for all three e-Delphi surveys are provided in **Appendix C**. The sample was majority female and UK-based, although the proportion of male and international participants increased across the three rounds.

We recruited 53 participants to the first e-Delphi survey and allocated them to three panels: survivors (n=53), academics (n=9), and policymakers and practitioners (n=8). Twenty-three changes were made to the outcomes longlist because of the first e-Delphi survey: 16 outcomes were renamed (e.g., 'cherishing the everyday' was altered to 'reclaiming normalcy and appreciating the everyday), three outcomes were added (e.g., affordable and

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reliable transportation), and four outcomes were merged or eliminated. A list of the outcomes considered can be found on the MSCOS (2022) website.

An amended longlist of 72 outcomes was considered by 64 stakeholders (n=43 survivors, n=8 academics, and n=13 policymakers and practitioners) in the second e-Delphi survey, 48 (75%) of whom had also completed the previous round. Following analysis, ten outcomes were merged into four new outcomes (for example, 'housing stability and independence' and 'secure and protected housing' were merged into 'secure and suitable housing', while 'timely and sustained psychological support' was subsumed within 'long term consistent support') and 30 eliminated. Also merged were the two least popular domains, 'creating change' and 'agency and purpose'. They became simply 'agency and purpose'.

Round 2 was the final round of the E-Delphi survey and had the most respondents at 74 (n=39 survivors, n=12 academics, and n=23 policy makers and practitioners). Of these, 74% had completed the previous round. Respondents were asked to rank 38 outcomes. Following analysis of survey findings, the twelve outcomes that received the highest overall rankings were selected for consideration at the final consensus workshop. Two outcomes - "survival needs and state support" and "finding purpose in life and self-actualisation" - were also taken forwards as these were ranked within the top twelve of the survivors' panel (see **Appendix C** for full results).

The final consensus workshop was attended by 46 participants, 38 of whom identified as survivors. Following voting, the six outcomes that received the highest overall scores and were included in the MSCOS were: (1) long-term consistent support; (2) secure and suitable housing; (3) safety from any trafficker or other abuser; (4) access to medical treatment; (5) access to education; and (6) compassionate, trauma-informed services. A seventh outcome -

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(7) finding purpose in life and self-actualisation - was among the highest scoring outcomes for survivors and was also included in the MSCOS (see **Table 1**).

<<Insert table 1 here>>

Discussion

We utilised consensus methods and a survivor-driven process to create a modern slavery core outcome set. The set comprises seven outcomes that should be measured as standard in future modern slavery research on interventions for survivor recovery and reintegration. These outcomes also provide a framework for policy and service design and evaluation. We have outlined the practice, policy, and research implications of our research in **Table 2** and discuss these further in the MSCOS report (Paphitis and Jannesari 2022).

It is important to note that the core outcomes should be used as a set, and we encourage researchers and practitioners to consider all seven outcomes simultaneously. Viewing the core outcomes as a set is critical since the outcomes included span a variety of domains that are often addressed separately across interventions or services, leading to a lack of integration in provision. In approaching the outcomes as a set, we aim to encourage researchers and services providers to adopt complex and multi-level approaches to designing services and interventions (recognising that this will often require improving cross-sector and inter-agency collaboration).

The MSCOS is not an exhaustive set, and researchers and practitioners should recognise that further outcomes can and should be used to respond to specific experiences of survivors and adapt intervention designs and evaluations to the local context and to survivor demographics. The results of this study have enabled us to compile a longlist of 38 additional

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potential outcomes that can be used to supplement the MSCOS, which is detailed in the MSCOS report (Paphitis and Jannesari 2022).

For this project, we defined outcomes as the 'direct or indirect results of planned actions facilitated by an outside party or programme with the aim of facilitating survivor recovery, wellbeing and integration post-trafficking'. This definition covers a wide range of actions from various stakeholders. Accordingly, our MSCOS is both multi-level and holistic, including outcomes across domains that have traditionally been addressed separately in interventions. The outcomes are not limited to survivor outcomes alone, but any outcomes that might serve survivors and impact their recovery, wellbeing, and reintegration. Survivors cannot be solely responsible for their recovery and reintegration: institutions and systems must also play a crucial role.

While some interventions already use a wide range of outcomes (Potocky's (2010) evaluation of the Florida Freedom Partnership, for instance, looked at 43 outcomes in areas across 'housing, food, immigration status, mental health, health… education and employment status, and life skills'), we acknowledge that service providers may face capacity limitations. Thus, we emphasise the importance of multi-agency working in providing long-term, high-quality support, as highlighted by Hemming et al.'s (2016) review of survivor health needs: the importance of multi-agency working in providing long-term, quality support. Encouragingly, Such et al's (2020) recent review of 17 studies identified several examples of cross-sectoral, multi-agency approaches in survivor service provision.

We acknowledge that some of the outcomes included in the MSCOS may be viewed as planned actions that lead to outcomes rather than outcomes themselves. However, we believe that each of the outcomes is a crucial result in the journey of survivors towards recovery and reintegration. They were identified as key life goals and symbols of

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reintegration into mainstream society, or the result of reclaiming some of what was lost during the trafficking process.

To prioritise the views of survivors and follow the principles of epistemic and actional deference (Pearlman and Williams 2022), we aimed to create a deliberative consensus (Haug 2015) in which survivors' views were centred and weighted more heavily. Although we ensured that a broad range of stakeholders had the opportunity to contribute and influence the development of the MSCOS, we believe that it is both morally and epistemically necessarily to 'believe the testimony of people about 'harms that relate to their [marginalised] identity' (Pearlman and Williams 2022). Some outcomes included in the MSCOS reflect long-established findings, such as the fact that survivors continue to face insecure and dangerous living conditions after exiting trafficking, which negatively impacts health and wellbeing (Kiss et al 2015), or that survivors experience multiple barriers to accessing healthcare even when being supported by specialist post-trafficking charities (Westwood et al 2016). Other outcomes have been less commonly reported, perhaps reflecting this project's inclusion of voices not previously represented in the literature and the strength of survivor involvement. For example, 'finding purpose in life and self-actualisation' was rarely discussed in the literature, except for in a doctoral thesis on a 'holistic work intervention programme for women survivors' in South Africa (Sambo 2019), in which service providers discussed the therapeutic importance supporting survivors to find purpose and self-actualise. Our MSCOS reflects the most crucial issues that survivors are facing now. We note that the consensus position can change in response to major global events in the trafficking sector and could become redundant if the MSCOS is widely accepted and implemented.

Strengths and limitations. The project followed established methodology for the development of core outcome sets, and the resulting MSCOS was informed by the views of

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several hundred survivors, practitioners, policymakers, researchers, and other stakeholders. A key strength of the project was its survivor-driven approach, which resulted in a higher-quality core outcome set and research process. The involvement of survivor advisors and peer researchers led to the identification of outcomes that were overlooked by other members of the team. The research advisory board provided guidance that improved the accessibility of workshop and survey materials, and led to the involvement of a greater number and wider range of survivors.

While advisory group members and peer researchers described positive impacts of their involvement (see Damara et al. forthcoming), one peer researcher dropped out due to external pressures unrelated to the project. In hindsight, external supervision with a trauma-informed specialist may have helped her manage her concerns. The project would have also benefited from a longer induction period for survivors, in which we could have discussed individual strengths and areas of contribution.

The project's partnership between universities, charities, and survivor organisations, along with our extensive professional networks, supported the recruitment of participants and the identification of grey literature. However, there were also limitations. The literature reviews and workshops were conducted in English only, leading to a geographic skew. Additionally, there was a disproportionate focus in the literature on the experiences of people trafficked for sexual versus labour exploitation. The project attempted to address this gap through our supplementary qualitative interviews and the consensus process.

Next steps: We have established a community of practice to support the utilisation and further development of the MSCOS, including by gaining consensus on developing standards, best practice, measures, and indicators. A community of practice can be defined as 'a group of people who share a common concern, a set of problems, or an interest in a topic

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and who come together to fulfil both individual and group goals' (Community of Practice 2023, p1).

The MSCOS Community of Practice (MSCOS 2023) was established by RW and QS, is hosted by the Helen Bamber Foundation, and led by the RAB. Consistent guidance and input are provided by the MSCOS team. Through its website and newsletter, the Community of Practice i) showcases practice, viewpoints and perspectives on MSCOS outcomes; ii) shares stakeholder reports, blogs, videos, events and publications; iii) details models and frameworks related to the MSCOS; and iv) hosts online discussion forums with RAB members on developing measurable MSCOS standards. It has 250 subscribers from government, survivor-led organisations and survivor leaders, civil society and charity service providers, health service professionals, lawyers, police and victim navigators, and academics and students.

Although each MSCOS outcome has a detailed description that provides suggestions for potential indicators, additional effort is required to explore this in greater depth. Future research on measures and indicators will require a review of existing measures employed in modern slavery research and practice; work with survivors on the identified indicators and measures to evaluate which are the most suitable and least intrusive (and whether survivors prefer to self-report on certain items); and the creation of a rubric of standards to complement the MSCOS.

Conclusion

The development and implementation of evidence-led support for survivors of modern slavery requires a consensus on the definition and measurement of recovery and reintegration outcomes. The Modern Slavery Core Outcome Set (MSCOS) provides a minimum set of outcomes that should be reported across interventions aimed at supporting

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survivor recovery and reintegration. These outcomes have been identified as important to recovery and reintegration and prioritised by survivors, practitioners, academics, and policymakers. The study demonstrates that a fully participatory approach to core outcome set development can be taken. By being embedded into research and practice, the MSCOS can improve the quality, value, and relevance of modern slavery research and evaluation and, ultimately, improve outcomes for survivors.

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Table 1

Critical Findings from the Review, Interviews and Consensus Process

Final outcomes included in the Modern Slavery Core Outcome Set	
Long-term consistent support	Support services should be advocated for at the right time and available when they are required in accordance with each survivor's individual circumstances. It is important that survivors can access support that is long-term (e.g., therapeutic care and individual support s specifically tailored to each person's assessed needs, risks, and circumstances). Assessment of needs and risks should be revisited and updated on a regular basis and services available for as long as is required. A key outcome feature is that support is consistent, and it enables survivors to build a trusting relationship with professionals. It is important that support staff have training and pastoral supervision so that they do not suffer professional burnout and can continue to provide the long-term consistent support that is needed.
Secure and suitable housing	Survivors should live in a place they can call home, where they feel safe and secure, can exercise freedom and independence, and live without suffering, abuse, or exploitation. Housing should offer private personal space, be hygienic, have enough peace to be able to rest and sleep, and preclude worries about being evicted. Key outcome features include safe house 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.
Safety from any trafficker or other abuser	This outcome includes a safe rescue process as well as sustained safety from all traffickers and abusers. It is critical that survivors live free from fear that perpetrators will recapture them, find out where they live, or threaten them in some way. Safety from new perpetrators who can target victims for re-trafficking or harm them in other ways is also vital. Ongoing safety can involve multiple aspects such as: having a landline to call emergency services in a safe house; living far from traffickers and their associates; and the police being careful in the way they handle cases. This outcome includes psychological safety from traffickers.
Access to medical treatment	This outcome is about ensuring that survivors have access to adequate services to meet their health needs. This includes having access to dental treatment. It requires, for example, having sufficient funds for transport to

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	attend appointments and funding for therapy if this is not freely available. It also includes being registered with a GP and it could include access to culturally appropriate support. There is a desperate need for therapists to specialise in evidence-based trauma therapy to help survivors. Specific group therapies should exist for survivors to complement individual therapy.
Access to education	Key features include access to appropriate educational institutions and the availability of free courses and colleges; not being discriminated against by educational institutions in terms of course applications and eligibility; and sufficient funds to travel for courses and legal permission to study (sometimes denied by immigration laws). Access to education also includes foundational courses for work preparedness as well as less formal learning, such as being able to learn and practice new skills e.g., IT, sewing and crafts, photography, art and design, etc.
Compassionate, trauma-informed services	This outcome describes the need for staff who are trained and experienced in working with survivors who have traumatic histories. Survivors need to be able to trust all the professionals who work with them including police, immigration authorities, support workers, social workers, and shelter staff. This means developing trusting relationships, working to realistic expectations, supporting survivors to understand all the information they are being given, communicating to survivors in their language, and being honest. At a very basic level, this outcome is about staff treating survivors as human beings, listening to their stories and needs, and being a positive force in people's lives. All services need to be as inclusive and sensitively delivered as possible.
Finding purpose in life and self-actualisation	This outcome is about a feeling of optimism and fulfilment. The idea of being able to have hope to dream and desire to live is crucial, as is being able to tolerate good and bad days without fully losing this sense of hope. A key outcome feature is self- actualisation understood as the ability to follow passions in life and living life to the fullest. This could include, for example, using talents, setting goals for self- advancement, and articulating personal goals and dreams.

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Table 2

Practice, Policy and Research Implications

1. Researchers, practitioners, and policymakers should use the MSCOS to think about interventions more broadly. This means considering all MSCOS outcomes in intervention development and evaluation.
2. Where an intervention doesn't cover all MSCOS outcomes, researchers, practitioners, and/or policymakers should either consider amending the intervention or partnering with services and interventions that do.
3. Stakeholders should consider how outcomes can work on many different levels, including the individual, organisational, governmental, and societal levels, and the importance of structural factors when designing and evaluating interventions.
4. When working with individual-level outcomes, practitioners and researchers should be careful not to disproportionately burden survivors. They should consider setting self-development goals and work targets for other stakeholders.
5. All MSCOS outcomes should be measured at consistent, regular time points regardless of someone's circumstances or time since their experience of trafficking.
6. Survivors should be involved in and remunerated for conducting research and NGO activities, with roles that reflect people's different experiences and life circumstances. As part of this, survivors should be offered comprehensive induction as well as mental health support for the project duration.

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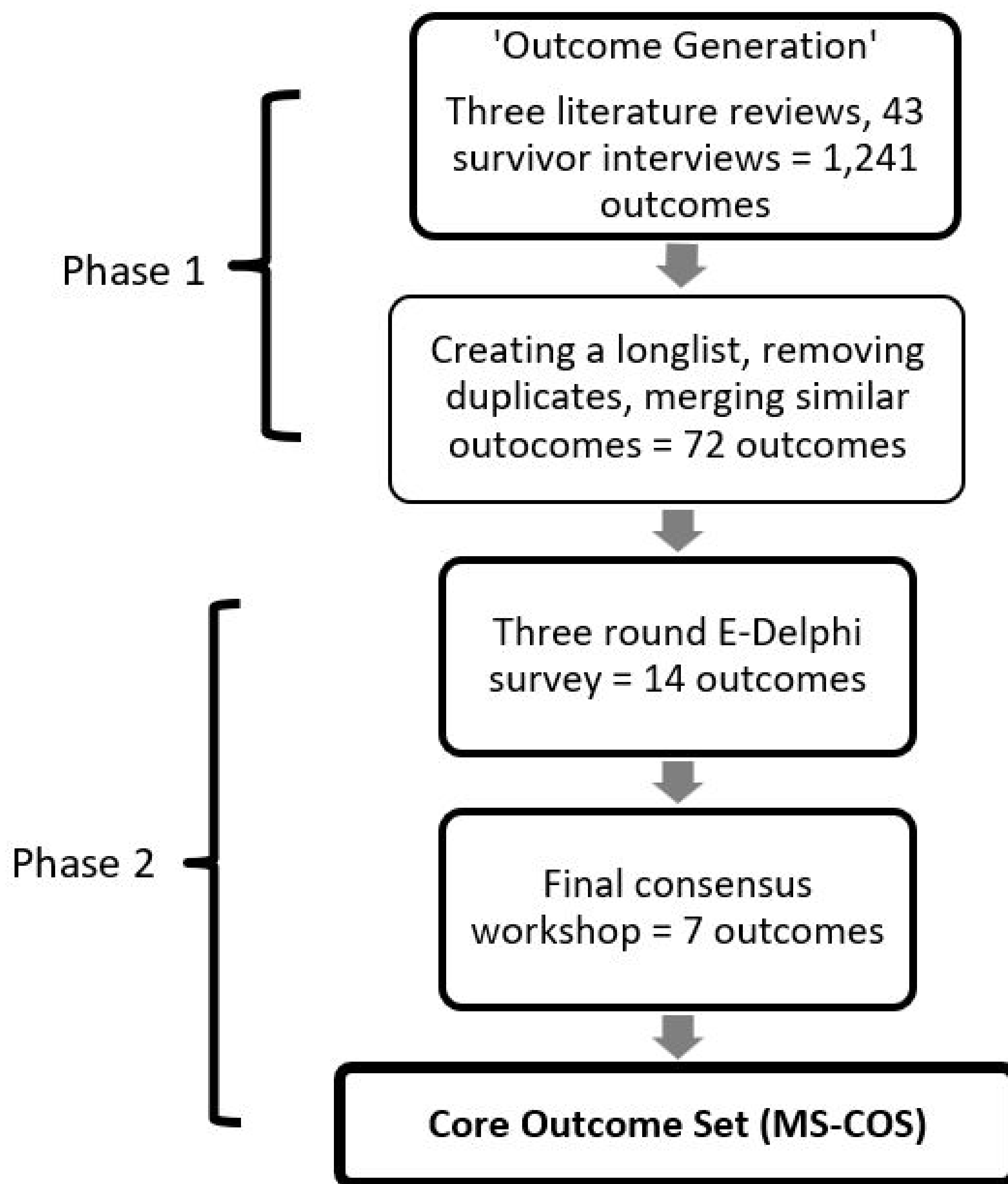
Figure 1
Overview of the MSCOS Development Process



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Appendix A

Search Strategy for rapid review of quantitative intervention studies

The following electronic databases were searched from 2011: Medline, Embase, PsycInfo, CINAHL, and Web of Science. Searching included expert recommendations of relevant broader studies. The search strategy included MeSH terms relating to human trafficking and modern slavery. Key word terms for human trafficking/modern slavery and systematic reviews were used. Where the function is available, searches were limited to retrieve only systematic reviews. As part of the review involves collecting definitions of human trafficking/modern slavery and their operationalisation within intervention studies, any study deemed to fit within the umbrella by the research team was included.

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Search terms

1. Human trafficking/

2. Enslaved Persons/

3. Enslavement/

4. Modern slavery.mp

5. Human trafficking.mp

6. (human OR women OR woman OR man OR men OR person OR people OR sex* OR victim OR survivor) adj2 (traffick*).mp

7. 1 OR 2 OR 3 OR 4 OR 5 OR 6

8. Systematic review/

9. Systematic review.mp

10. 8 OR 9

11. 7 AND 10

Search Strategy for systematic review of qualitative studies

Electronic databases including EMBASE, MEDLINE, HMIC and PsycINFO were used. Reference list screening and forward citation tracking using a combination of Medical Subject Headings (MeSH) and text words was conducted to search for additional relevant material. This were used with papers identified as eligible for the review after full text screening. In addition, other relevant qualitative studies or reviews were identified by expert recommendation. Networks such as 'HEAL trafficking', the VITA network and a Modern Slavery Research Google Group was used to do so.

EMBASE Strategy

Trafficking terms.

1. Human Trafficking/ (632)
2. Enslavement/ (285)
3. Enslaved Persons/ (333)
4. ((human* or wom?n or m?n or person* or people* or sex* or victim*) adj3 traffic*).mp. (3579)
5. slave*.mp. (3273)
6. enslave*.mp. (353)
7. servitude.mp. (86)
8. modern-slave*.mp. (44)
9. ((sex* or physic*) adj3 (exploit*)).mp. (1583)

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10. ((forced) adj3 (work* or employ* or labo?r* or prostitution*)).mp. (739)

11. ((bonded or exploit*) adj3 (work* or employ* or job* or labo?r* or prostitution*)).mp. (1314)

Combined with ‘or’ (10225)

Qualitative terms.

*Q*ualitative analysis/ (65452)

12. Qualitative research/ (86137)

13. Exp interviews/ or exp interpretative phenomenological analysis/ or exp content analysis/ (315406)

14. (("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or guide or guides) adj2 (interview* or discussion*)).mp. (123045)

15. (qualitative or "focus group" or ethnograph* or "key informant" or "participant-observation" or action-research" or action research" or "thematic analysis" or theme* or "content analysis" or "discourse analysis" or "narrative analysis" or "cooperative inquiry" or "appreciative inquiry" "grounded theory" or phenomenolog* or "convenience sample" or "purposive sample" or audiorecording or "audio recording").mp. (530426)

Combined with ‘or’ (754978)

Trafficking terms and qualitative terms combined with ‘and’ (782)

MEDLINE Strategy

Trafficking terms.

1. Human Trafficking/ (476)

2. Enslavement/ (126)

3. Enslaved Persons/ (61)

4. ((human* or wom?n or m?n or person* or people* or sex* or victim*) adj3 traffic*).mp. (2828)

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5. slave*.mp. (2985)

6. enslave*.mp. (448)

7. servitude.mp. (91)

8. modern-slave*.mp. (46)

9. ((sex* or physic*) adj3 (exploit*)).mp. (1193)

10. ((forced) adj3 (work* or employ* or labo?r* or prostitution*)).mp. (620)

11. ((bonded or exploit*) adj3 (work* or employ* or job* or labo?r* or prostitution*)).mp. (1224)

Combined with ‘or’ (8707)

Qualitative terms.

12. qualitative research/ (60932)
13. Exp interview/ or exp interpretative phenomenological analysis/ or exp content analysis/ (29596)
14. (("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or guide or guides) adj2 (interview* or discussion*)).mp. (91617)
15. (qualitative or "focus group" or ethnograph* or "key informant" or "participant-observation" or action-research" or action research" or "thematic analysis" or theme* or "content analysis" or "discourse analysis" or "narrative analysis" or "cooperative inquiry" or "appreciative inquiry" "grounded theory" or phenomenolog* or "convenience sample" or "purposive sample" or audiorecording or "audio recording").mp. (392369)

Combined with ‘or’ (453337)

Trafficking terms and qualitative terms combined with ‘and’ (543)

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APA PsycInfo Strategy

Trafficking terms.

1. Human Trafficking/ (1088)

2. Enslavement/ (0)

3. Enslaved Persons/ (0)

4. ((human* or wom?n or m?n or person* or people* or sex* or victim*) adj3 traffic*).mp. (1990)

5. slave*.mp. (2826)

6. enslave*.mp. (540)

7. servitude.mp. (215)

8. modern-slave*.mp. (42)

9. ((sex* or physic*) adj3 (exploit*)).mp. (1523)

10. ((forced) adj3 (work* or employ* or labo?r* or prostitution*)).mp. (496)

11. ((bonded or exploit*) adj3 (work* or employ* or job* or labo?r* or prostitution*)).mp. (695)

Combined with 'or' (7158)

Qualitative terms.

12. qualitative methods/ (9485)

13. qualitative measures/ (84)

14. Exp interviews/ or exp interpretative phenomenological analysis/ or exp content analysis/ (34718)

15. (("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or guide or guides) adj2 (interview* or discussion*)).mp. (92229)

16. (qualitative or "focus group" or ethnograph* or "key informant" or "participant-observation" or action-research" or action research" or "thematic analysis" or theme* or

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"content analysis" or "discourse analysis" or "narrative analysis" or "cooperative inquiry" or "appreciative inquiry" "grounded theory" or phenomenolog* or "convenience sample" or "purposive sample" or audiorecording or "audio recording").mp. (364906)

Combined with 'or' (413277)

Trafficking terms and qualitative terms combined with 'and' (1248)

HMIC Search Strategy

Trafficking terms.

1. Human Trafficking/ (17)

2. Enslavement/ (0)

3. Enslaved Persons/ (0)

4. ((human* or wom?n or m?n or person* or people* or sex* or victim*) adj3 traffic*).mp. (53)

5. slave*.mp. (32)

6. enslave*.mp. (3)

7. servitude.mp. (2)

8. modern-slave*.mp. (7)

9. ((sex* or physic*) adj3 (exploit*)).mp. (62)

10. (forced) adj3 (work* or employ* or labo?r* or prostitution*)).mp. (29)

11. ((bonded or exploit*) adj3 (work* or employ* or job* or labo?r* or prostitution*)).mp. (27)

Combined with 'or' (188)

Qualitative terms.

12. Qualitative analysis/ (80)

13. qualitative research/ (1298)

14. exp qualitative techniques/ (327)

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15. Exp interviews/ or exp interpretative phenomenological analysis/ or exp content analysis/ (1167)
16. (("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or guide or guides) adj2 (interview* or discussion*)).mp. (5506)
17. (qualitative or "focus group" or ethnograph* or "key informant" or "participant-observation" or action-research" or action research" or "thematic analysis" or theme* or "content analysis" or "discourse analysis" or "narrative analysis" or "cooperative inquiry" or "appreciative inquiry" "grounded theory" or phenomenolog* or "convenience sample" or "purposive sample" or audiorecording or "audio recording").mp. (15764)

Combined with 'or' (18550)

Trafficking terms and qualitative terms combined with 'and' (14)

Search Strategy for grey literature review

Search terms varied depending on the resource being searched. Some websites had no or limited search functionality. In these cases, a resources/reports/research part of the website was searched and manually looked through. Where search functionality was available, a combination of the following terms was used: modern slavery, human trafficking, trafficked, sexual exploitation, forced labour, debt bondage, bonded labour, intervention, evaluation, recovery, outcomes. The depth of search depended on the depth of the database.

1. Grey databases: NICE Evidence Search, Open Grey

2. Records in the qualitative review and umbrella review marked as grey literature.

3. Websites of UK-focussed charities (conducting the majority of their work in the UK, with offices in the UK) with a dedicated modern slavery and trafficking focus: Freedom Fund, Hestia, Salvation Army, Snowdrop Foundation, British Red Cross, Helen Bamber

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Foundation, Human Trafficking Foundation, After Exploitation, African Rainbow Family, Focus on Labour Exploitation, Kalayaan, Unseen, Refuge, Anti-Slavery International (and the Anti-Trafficking Monitoring Group), Medaille Trust, Labour Behind the Label, Anti-Trafficking and Labour Exploitation Unit, Freedom from Torture.

4. Survivor led organisations: The International Survivors of Trafficking Advisory Board (no website - email), The Voice of Domestic Workers, Survivor Alliance, Filipino Domestic Workers Association (no website – email).

5. Foreign and international charity websites (conducting the majority of their work in abroad, with offices abroad): Freedom Fund, La Strada International, International Organisation for Migration, International Labour Organisation, Global Alliance Against Trafficking in Women, Walk Free Foundation, Polaris Project, the AIRE Centre.

6. UK government websites: Home Office, Department for International Development, Independent Anti-Slavery Commissioner, Care Quality Commission.

7. Foreign English-speaking governments: US Department of Justice, US Department of Health and Human Services, Australian Department of Social Services, Australian Department of Home Affairs, Australian Department of Community Safety and Multicultural Affairs.

8. Bodies that sit between universities, NGOs and governments: University of Nottingham Rights Lab, University of Toledo Human Trafficking and Social Justice Institute.

9. Call for evidence across all these stakeholders.

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Appendix B

Table 1
Summary of Review of Interventions Studies

Lead Author	Study Country	Year	Sample	Outcomes assessed
George	United States	2020	5 men and 31 women (mainly experience of sex trafficking)	Physical and mental health (e.g., PTSD, hepatitis C, pelvic pain, depression)
Shareck	Canada	2020	100 – 120 women est. (all experience of sex trafficking)	Health, addiction, housing, legal issues, social support networks, education and employment.
Cerny	United States	2019	8 women (all experience of sex trafficking)	Meaningful activities, task behaviours (e.g., decision making, problem-solving), executive functioning skills (e.g., planning, initiating), occupational performance.
Magnum	United States	2019	15 women (all experience of sex trafficking)	Sensory modulation (e.g., self-regulation of emotions, self-esteem, resilience), basic functions (e.g., cooking, using the telephone) executive functions, occupational performance.
Munsey	United States	2018	11 women (all experience of sex trafficking)	Depression, PTSD and self-esteem
Robjant	United Kingdom	2017	10 women (all experience of sex trafficking)	PTSD, distress
Ostrovschi	Moldova	2011	120 women (mainly experience of sex trafficking)	Psychiatric diagnosis (e.g., PTSD, depression)
Potocky	United States	2010	6 undocumented migrant men and 37 women (experience of sex and labour trafficking)	Shelter/food, immigration issues, mental health, social and emotional health, English language ability, and employment/education.

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Table 2

Summary of Review of Qualitative Studies

Lead Author	**Year**	**Country**	**Sample Size**	**M**	**F**	**Nationalities and Ethnicities**	**Exploitation Type(s)**
Castaner	2021	United States	14	0	14	Mexican, Central American	Sex trafficking
Mumey	2021	United States	6	0	6	African American, Arab American, Latinx	Sex trafficking
Balfour	2020	Ghana	27	0	27	Ghanaian	Domestic/Labour
Da Silva	2019	India	10	0	10	Indian	Sex trafficking
Doyle	2019	Ireland	15	2	13	Pakistani, South African, Indian, Filipino, Kenyan, Nigerian, Malawian	Labour
Evans	2019	United States	15	0	15	Hispanic, Caucasian, African American, Dutch Canadian, Native American	Sex trafficking
Hodge	2019	United States	21	21	0	Latin American, Asian	Labour and sex trafficking
Orme	2019	United States	12	0	12	Hispanic, Caucasian	Sex trafficking

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Viergever	2019	Netherlands	14	5	9	African, Eastern European, Asian, Middle Eastern	Sex trafficking
Hopper	2018	United States	17	0	17	African American, Caucasian, Hispanic	Sex trafficking
Bruijn	2017	United States	8	0	8	Caucasian, African American	Sex trafficking
Eldridge	2017	United States	9	0	9	Caucasian, Hispanic	Sex trafficking
Rajaram	2016	United States	22	0	22	Caucasian, African American, Hispanic	Sex trafficking
Dahal	2015	Nepal	10	0	10	Nepalese	Sex trafficking
McCrory	2015	United States	6	0	6	African American, Caucasian, Hispanic, Asian	Sex trafficking
Jones	2014	United States	8	0	8	Caucasian, African American, Caribbean, Romanian	Sex trafficking
Busch-Armendariz	2011	United States	9	0	9	Unspecified	Labour and sex trafficking
Westebbe	2004	Thailand	5	0	5	Thai	Labour and sex trafficking

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Table 3
Summary of Review of Grey Literature

Title	Year	(n)	Organisation(s)	Country
Access to legal advice and representation for survivors of modern slavery	2021	30	Modern slavery and Human Rights Policy and Evidence Centre	UK
Underground Lives: Male Victims of Modern Slavery	2021	42	Hestia	UK
Going places: Journeys to recovery	2020	107	Rights Lab	UK
The lived realities of sustained liberation in Uttar Pradesh and Bihar, India: an evaluation of survivor experiences	2020	88	Rights Lab	India
Study of HHS Programs Serving Human Trafficking Victims	2019	341	US Department of Health and Human Services	United States
Dignity, Not Destitution	2019	21	Kalayaan	UK
Pro-Act UK Pilot Report	2018	n/a	Focus on Labour Exploitation	UK
Report on the contribution of the NCATS to the identification and assistance for trafficking victims	2017	n/a	USAID, IOM, NRCVT, Different and Equal, Vatra Centre	Albania
Day 46	2016	31	Human Trafficking Foundation	UK
Conversations of Empowerment	2015	14	Survivor Alliance	Global
Evaluation of the effectiveness of measures for the integration of Trafficked	2013	112	IOM	Belgium, France,

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persons				Hungary, Italy, UK
The Impact of the Republic of Moldova Anti-Trafficking Policy on the Trafficked Persons' Rights	2013	30	La Strada International	Moldova
Evaluation of Comprehensive Services for Victims of Human Trafficking: Key Findings and Lessons Learned	2007	33*	U.S. Department of Justice	United States
Comprehensive Services for Survivors of Human Trafficking: Findings from Clients in Three Communities	2006	34	Urban Institute	United States

Note: The survivor participants in this paper are the same as those from the US Department of Health and Human Services (2019) and were excluded

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Appendix C

Table 1

E-Delphi Participant Characteristics

Participant Variables	**Round 0 N=53(%)**	**Round 1 N= 64(%)**	**Round 2 N= 74(%)**
Stakeholder group			
Survivors	36 (67.9)	43 (67.2)	39 (52.7)
Researchers/academics	9 (17.0)	8 (12.5)	12 (16.2)
Service Providers	4 (7.5)	9 (14.1)	9 (12.2)
Policy Makers	4 (7.5)	4 (6.3)	14 (18.9)
Demographics			
Man	4 (7.5)	10 (15.6)	14 (18.9)
Woman	47 (88.7)	54 (84.4)	60 (81.1)
Transgender	1 (1.9)	0	0
Prefer not to say/did not report	1 (1.9)	0	0

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N self-declaring a disability	5	10	9
Median age in years (range)	36 (18-68)	38 (23-68)	39 (23-89)
Ethnicity			
Asian*	18 (34.0)	12 (18.8)	17 (23.0)
African*	9 (17.0)	24 (37.5)	21 (28.4)
White *	18 (34.0)	20 (31.3)	27 (36.5)
Hispanic/Latino	0	0	1 (1.4)
Mixed ethnic group	0	2 (3.1)	4 (5.4)
Did not self-describe*	8 (15.1)	6 (9.4)	4 (5.4)
Country of current location			
UK	45 (84.9)	46 (71.9)	52 (70.3)
South Africa	1 (1.9)	4 (6.3)	1 (1.4)
Nigeria	1 (1.9)	2 (3.1)	1 (1.4)
USA	5 (9.4)	5 (7.8)	8 (10.8)
Kenya	1 (1.9)	5 (7.8)	2 (2.7)
Cameroon	0	1 (1.6)	1 (1.4)

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India	0	1 (1.6)	5 (6.8)
Germany	0	0	1 (1.4)
Israel	0	0	1 (1.4)
Denmark	0	0	1 (1.4)
Guernsey	0	0	1 (1.4)

Note: 'African' ethnic group includes Kikuyu, Igbo, 'Asian' ethnic group includes Filipino, Bangladeshi, Indian, Maharashtra, Tamil, Punjabi and Pakistani, 'White' ethnic group includes White British, European and other e.g., White Jewish and indigenous British, 'Did not self-describe' group includes all those who did not write down an identifiable ethnicity in the free-text box.

Table 2

Changes to outcomes following the first stage of the E-Delphi (CN = changing names of outcomes MO = merging/moving of outcomes to different domains NO = new outcome EO = eliminated outcome)

Outcome Domain	Outcomes	Change Type	Previous outcome name (if applicable)
Consistency and Stability	Reclaiming normalcy and appreciating the everyday	CN	'Cherishing the everyday'
	Keeping busy		
	Life skills		
	Being financially responsible for self and others		
	Housing stability and independence		
	Long term, consistent support		
	Healthy lifestyle		
	Affordable and reliable transportation	NO	

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Recognition, Understanding and Awareness	Improved understanding of mental health treatments Respect and recognition from healthcare practitioners and service providers Belief and respect from public authorities, courts and tribunals Knowledge of rights and entitlements Living a stigma free life Less public judgement, more understanding	CN CN CN CN	Understanding of treatment' Respect and recognition from practitioners' 'Belief and respect from immigration officials, police, judges and services' 'Resisting victimising stereotypes'
Opportunities	Obtaining and maintaining meaningful employment Career Progression Personal and family prosperity Self-expression and opportunity through host country language Obtaining meaningful qualifications Access to education	CN	'Obtaining employment'
Belonging and Social Support	Feeling comfortable in social environment Healthy relationships Having people to talk to Socialising Living in an appropriate or desired location Being part of a community	 CN	 'Living in a good location'
Agency and Purpose	Finding purpose in life and self-actualization Meaningful and creative activities Self-sufficiency, control and independence Reclaiming the past Moving on and starting a new life Becoming an advocate for self and giving to others	 CN	 'Becoming an advocate for self and others'
Safety	Preventing re-exploitation Safety from any trafficker or other abuser A safe mental health service, work and home environment Family safety and contact Secure and protected housing	 CN CN	 'Safety from trafficker' 'A safe mental health service and home environment'

Health and Wellbeing	Celebrating and thinking positively		
	Self-compassion, acceptance and self-worth		
	Self-awareness and emotional expression		
	Processing trauma		
	Spiritual well-being		
	Improved physical wellbeing	CN	'Improved vital functions'
	Coping with mental health problems		
	Access to medical treatment		
	Timely and sustained psychological support		
	Being able to seek support		
Rights, Justice and Dignity	No racism	CN	'Less racism'
	No discrimination against LGBTQ+	NO	
	Dignified treatment of survivors	CN	'Fair treatment of survivors'
	Permission to work		
	Family reunification		
	Immigration status and documentation	CN	
	Better immigration systems		'Immigration status'
	Freedom of movement		
	Dignity in living conditions		
	Charity accountability	EO/MO	
			See Domain:
	Survival needs and state support		'Supportive Services'
	Prosecutions	CN	
	Access to quality legal representation		'Compensation and prosecutions'
Supportive Services	Service accountability	NO	
	Compassionate, trauma-informed staff behaviour		
	Staff that fight for your rights		
	Being able to trust support workers and other practitioners	EO CN	Change from 'worker' to 'workers'
	Quality, well-resourced support		
	Survivor choice in services		
	Inclusive and sensitive support		
Creating Change	Grappling with and tackling oppression		
	Solidarity and being part of a movement		
	Amplifying survivor voices and creating change		
	Improving policy	CN	'Demanding new government policies'
	Recognition of activism		
	Survivor leadership		
	Increased male involvement		

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Table 3

E-Delphi second stage ranking of outcomes for exclusion (EO = eliminated outcome, MO = merging/moving of outcomes to different domains, a/b/c/d corresponds to outcomes that were combined together)

Outcome	Rating	Change imposed (if any)
Safety from any trafficker or other abuser	46	
Compassionate, trauma-informed staff behaviour	43	MO (a)
Long term, consistent support	40	MO (c)
Secure and protected housing	40	
Access to education	40	
Dignified treatment of survivors	37	MO (b)
Survival needs and state support	37	
Access to medical treatment	35	
Preventing re-exploitation	35	
Knowledge of rights and entitlements	35	
Processing trauma	34	
Access to quality legal representation	34	
No racism	33	
Being able to trust support workers and other practitioners	32	MO (a)
Having people to talk to	32	
Healthy relationships	31	
Belief and respect from public authorities, courts, and tribunals	30	MO (b)
Housing stability and independence	29	
Timely and sustained psychological support	29	MO (c)
Better immigration systems	29	
Quality, well-resourced support	29	
Improving policy	29	
Survivor leadership	29	MO (d)
Life skills	28	
Dignity in living conditions	28	
Survivor choice in services	28	
Inclusive and sensitive support	28	MO (a)
Immigration status and documentation	27	
Amplifying survivor voices and creating change	27	MO (d)
Being part of a community	27	
Respect and recognition from healthcare practitioners and service providers	27	MO (b)
Reclaiming Normalcy and Appreciating the Everyday	26	
Self-compassion, acceptance and self-worth	26	

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Moving on and starting a new life	26	
A safe mental health service, work and home environment	25	
Obtaining and maintaining meaningful employment	25	
MEDIAN 24.5		
Coping with mental health problems	24	
Being able to seek support	24	
Service accountability	24	
Finding purpose in life and self-actualisation	24	
Permission to work	22	EO
Being financially responsible for self and others	21	EO
Advocating for self and giving to others	21	EO
Improved understanding of mental health treatments	20	EO
Less public judgement, more understanding	20	EO
Self-sufficiency, control and independence	19	EO
Obtaining meaningful qualifications	18	EO
Affordable and reliable transportation	17	EO
No discrimination against LGBTQ+	17	EO
Freedom of movement	17	EO
Living in an appropriate or desired location	17	EO
Living a stigma free life	17	Retained (3 'top 5' votes)
LOWER QUARTILE		
Self-awareness and emotional expression	16	EO
Improved physical wellbeing	16	EO
Prosecutions	16	EO
Recognition of activism	16	EO
Meaningful and creative activities	16	EO
Career progression	16	EO
Family reunification	14	EO
Grappling with and tackling oppression	14	EO
Personal and family prosperity	14	EO
Self-expression and opportunity through host country language	14	EO
Celebrating and thinking positively	13	EO
Healthy lifestyle	12	EO
Feeling comfortable in social environment	12	EO
Socialising	12	Retained (3 'top 5' votes)
Increased male involvement	11	EO
Keeping busy	9	EO
Solidarity and being part of a movement	9	EO
Family safety and contact	9	EO
Reclaiming the past	6	EO

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Spiritual wellbeing	4	EO

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Table 4

E-Delphi Round 2: top 12 ranked outcomes (all participants and survivors)

All participants, N = 76			**Survivors, N = 39**		
Outcome	Score	Ranking position	Outcome	Score	Ranking position
Safety from any trafficker or other abuser	101	1	Secure and suitable housing	45	1
Secure and suitable housing	98	2	Compassionate, trauma-informed services	45	1
Access to medical treatment	87	3	Access to education	45	1
Access to education	86	4	Access to quality legal representation	43	2
Access to quality legal representation	86	4	Access to medical treatment	42	3
Preventing re-exploitation	85	5	Knowledge of rights and entitlements	42	3
Compassionate, trauma-informed services	85	5	Safety from any trafficker or other abuser	41	4
Knowledge of rights and entitlements	84	6	Long term, consistent support	39	5
Obtaining and maintaining meaningful employment	78	7	Preventing re-exploitation	38	6
Long term, consistent support	75	8	Life skills	38	6
Life skills	73	9	Survival needs and state support	38	6
Coping with mental health problems	73	9	Coping with mental health problems	38	6
			Finding purpose in life and self-actualisation	38	6

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Appendix D

Core Outcome Set-STandards for Reporting: The COS-STAR Statement Checklist

SECTION/TOPIC	ITEM No.	CHECKLIST ITEM	REPORTED ON PAGE NUMBER
TITLE/ABSTRACT			
Title	1a	Identify in the title that the paper reports the development of a COS	1
Abstract	1b	Provide a structured summary	1
INTRODUCTION			
Background and Objectives	2a	Describe the background and explain the rationale for developing the COS.	2-3
	2b	Describe the specific objectives with reference to developing a COS.	3-4
Scope	3a	Describe the health condition(s) and population(s) covered by the COS.	1-2
	3b	Describe the intervention(s) covered by the COS.	3-4
	3c	Describe the setting(s) in which the COS is to be applied.	3-4
METHODS			
Protocol/Registry Entry	4	Indicate where the COS development protocol can be accessed, if available, and/or the study registration details.	4
Participants	5	Describe the rationale for stakeholder groups involved in the COS development process, eligibility criteria for participants from each group, and a description of how the individuals involved were identified.	6-7
Information Sources	6a	Describe the information sources used to identify an initial list of outcomes.	7-15
	6b	Describe how outcomes were dropped/combined, with reasons (if applicable).	7-15
Consensus Process	7	Describe how the consensus process was undertaken.	13-15
Outcome Scoring	8	Describe how outcomes were scored and how scores were summarised.	14
Consensus Definition	9a	Describe the consensus definition.	13
	9b	Describe the procedure for determining how outcomes were included or excluded	13-15

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		from consideration during the consensus process.	
Ethics and Consent	10	Provide a statement regarding the ethics and consent issues for the study.	12, 14
RESULTS			
Protocol Deviations	11	Describe any changes from the protocol (if applicable), with reasons, and describe what impact these changes have on the results.	n/a
Participants	12	Present data on the number and relevant characteristics of the people involved at all stages of COS development.	18-19, Appendix B
Outcomes	13a	List all outcomes considered at the start of the consensus process.	19
	13b	Describe any new outcomes introduced and any outcomes dropped, with reasons, during the consensus process.	18-20, Appendix B
COS	14	List the outcomes in the final COS.	19-20, Table 1
DISCUSSION			
Limitations	15	Discuss any limitations in the COS development process.	22-23
Conclusions	16	Provide an interpretation of the final COS in the context of other evidence, and implications for future research.	20-24
OTHER INFORMATION			
Funding	17	Describe sources of funding/role of funders.	Title Page
Conflicts of Interest	18	Describe any conflicts of interest within the study team and how these were managed.	Title Page

From: Kirkham JJ, Gorst S, Altman DG, Blazeby JM, Clarke M, Devane D, et al. (2016) Core Outcome Set–STAndards for Reporting: The COS-STAR Statement. PLoS Med 13(10): e1002148. https://doi.org/10.1371/journal.pmed.1002148

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