

Improving outcomes for survivors of human trafficking: evaluating the effectiveness of advocacy interventions in improving mental health and well-being among trafficked people.

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## **Plain Language Summary**

Human trafficking affects tens of thousands of people in the UK and is associated with a range of health problems, including depression, anxiety, and PTSD. Survivors are entitled to support to help them to recover and rebuild their lives. In the UK, government-funded support is provided by a network of non-governmental organisations (NGOs) under the Modern Slavery Victim Care Contract. Support follows an advocacy model. The effectiveness of advocacy interventions in improving the mental health and wellbeing of survivors of human trafficking is unknown.

This study aimed to evaluate the impact of advocacy interventions on the mental health and wellbeing of trafficked people in the UK. We planned a cohort study and nested realist evaluation to assess this, and to test whether greater intervention effectiveness was associated with the amount of support received or with service characteristics. We also planned to assess the service use and costs associated with these interventions. We involved NGOs in the study's development. NGO representatives also served on the project's study steering committee, and we established a survivor research advisory board which informed the development of study protocols and materials.

The study was impacted by several challenges, including the COVID-19 pandemic and a national embargo on the use of Modern Slavery Victim Care Contract data for the purposes of research. It was not possible to conduct the planned cohort study or collect data from survivors of human trafficking for the realist evaluation. Thirteen qualitative interviews were conducted with charity staff.

While the study did not yield results, it contributed to knowledge through committees, presentations, and briefings, enhancing awareness of the mental health needs of trafficked individuals. The study also demonstrated the readiness of NGOs to participate in evaluative research and their interest in improving the evidence base for interventions.

## **Keywords**

Modern slavery; human trafficking; cohort study; realist evaluation; advocacy; mental health; PTSD; COVID-19.

## SUMMARY

We report on the background, aims, and methods for the PROTECT-II study. We describe challenges experienced after the project commenced and research work which was carried out before the study was closed. We summarise lessons learned for the purposes of future research.

### Background

Human trafficking is a form of modern-day slavery that is estimated to affect 136,000 women, men, and children in the United Kingdom.<sup>1</sup> It is defined by the United Nations as the “recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation”.<sup>2</sup>

Survivors of trafficking report a range of health problems, especially psychological distress. In our previous NIHR-funded research, we found 78% of women and 40% of men in contact with post-trafficking support services in England screened positive on validated and specific measures of depression, anxiety or post-traumatic stress disorder (PTSD).<sup>3</sup> In keeping with this, research with women survivors of trafficking who had returned to Moldova found that 54% met diagnostic criteria for DSM-IV mental disorder using the Structured Clinical Interview for DSM-IV (SCID).<sup>4</sup> Failure to provide effective mental health support for trafficked people increases the risk of persisting mental ill health and, in consequence, poor social outcomes, which carry costs for both individuals and society. Yet, evidence on what helps people’s recovery is absent.<sup>5,6</sup>

In the UK, survivors of human trafficking are entitled to government-funded support that aims to help them recover from abuse and rebuild their lives. This is in line with the UK’s international legal obligations, including as a signatory to the Council of Europe Convention on Action Against Trafficking in Human Beings.<sup>7</sup> Data show a year-on-year increase in the number of trafficked people being referred into support, which is provided by a network of 13 non-governmental organisations (NGOs) that provide specialist post-trafficking support as part of a contract managed by The Salvation Army. At the time of writing the grant application, support was provided for 3 months and followed an “advocacy” model, although the specific service model and the intensity of support varied between organisations.<sup>8,9</sup> Advocacy interventions are defined as strengths-based, survivor-centred services based on empowerment models, in which caseworkers help service users to make sense of their situations, achieve self-identified goals, link them to community services, and provide ongoing support and informal counselling.<sup>10</sup> Caseworkers generally do not have a background or training in psychological therapies and do not provide counselling or other specified forms of therapy. To date, and despite the significant financial cost associated with providing this support, the UK’s national assistance programme has not been evaluated.

Evidence to support the recovery of survivors of trafficking is lacking. In particular, the effectiveness of advocacy support programmes has not been evaluated (either in the UK or elsewhere); their effectiveness in reducing psychological distress among survivors of trafficking is therefore unknown.<sup>11</sup> As part of seed-funded formative research, we conducted a systematic review of the effectiveness of advocacy interventions (PROSPERO registration CRD42018089206), broadening the population of interest to include trafficked people, asylum seekers, and refugees, identifying only three studies that assessed the change in mental health outcomes after intervention. All studies were conducted with refugees in the USA: no evaluations of advocacy interventions for trafficked people were found either in the scientific or the grey literature. Two small (n=28 and n=36) uncontrolled studies reported reduced psychological distress.<sup>12,13</sup> The single controlled study found reduced depression scores in both intervention and control groups, but reported likely contamination in their control group, with informal support having been provided to controls during data collection.<sup>14</sup> A Cochrane review of 13 randomised controlled trials of advocacy interventions for victims of domestic violence concluded that intensive advocacy improved everyday life and reduced experiences of physical violence.<sup>10</sup> The generalisability of these findings to trafficked people was not clear. However, findings that risk of mental disorder is higher for survivors of human trafficking who have increased social needs and lower levels of social support.<sup>3,4,15</sup> suggests a need for interventions that address current stressors and improve social support. We therefore argued for the evaluation of advocacy-based interventions to inform the design of future services and to guide commissioning and investment.

As part of seed-funded formative research, we conducted a theory of change workshop with representatives of four NGOs that provided advocacy interventions to survivors of trafficking. Based on the findings of this workshop and on relevant literature,<sup>10,16,17</sup> we developed a preliminary theory of change for advocacy interventions for survivors of trafficking.

Aim: to evaluate the effectiveness of community-based advocacy interventions in improving mental health and wellbeing among people who have been identified as trafficked and have elected to receive NGO support.

Objectives:

- (1) To classify advocacy interventions provided by NGOs to survivors of trafficking in England according to a brief categorical taxonomy (study 1).
- (2) To evaluate the effectiveness of advocacy interventions in improving mental health and wellbeing among trafficked people who have been referred into NGO services (study 2).
- (3) To evaluate whether aspects of the advocacy intervention experience which are thought to improve outcomes modify the effect of the advocacy intervention on mental health and wellbeing (study 2); to, test whether:
  - a. the effect becomes stronger as the amount of support received increases, and
  - b. the effect varies according to structural or service characteristics of NGOs.
- (4) To assess the service use and costs associated with advocacy interventions for trafficked people who have been referred into NGO services (study 2).

- (5) To explore service user and staff perspectives on how advocacy interventions improve outcomes, for whom, and under which circumstances (study 3).

## Methods

Study 1 was a survey of the service managers of NGOs providing advocacy interventions to survivors of trafficking in England. Data were used to populate a brief categorical taxonomy, which described the structural and service characteristics of organisations which provide advocacy interventions to survivors of trafficking.

Study 2 was a cohort study of survivors of trafficking who elected to receive advocacy support from a participating NGO. Selection of NGOs was based on study 1 findings. Assessments were to be conducted before the start of advocacy support (T1), post-intervention (T2) and 3-month follow-up (T3). The primary outcome was to be reduced psychological distress (measured using the CORE-OM) at post-intervention (T2) compared with baseline (T1).

Study 3 was a mixed methods realist evaluation comprising three phases: (1) developing a graphical representation of the theory of change for advocacy support interventions; (2) testing the validity of the assumptions of the programme theory using empirical data; (3) refining the initial programme theory.

## Findings and Discussion

The study started on 1<sup>st</sup> November 2019, and subsequently encountered the following challenges:

1. The Home Office implemented changes to their practice of providing time-limited support to survivors of trafficking, moving instead to a more flexible model of needs-based support. This had several implications for the research, and in January 2020 it was agreed with NIHR that the research would use fixed interval assessments (measuring T2 at 90 days and T3 at 180 days) and that the timing of the primary outcome measurement would be changed from T3 to T2.
2. Progress of the research was then strongly impacted by the Covid-19 pandemic. We had aimed to launch the study with one provider organisation in March 2020, rolling out to further organisations in April and May 2020. Due to pandemic restrictions, this did not prove possible. Measures introduced to prevent the spread of COVID-19 required substantive changes to the support provided by organisations to survivors of modern slavery and it was anticipated that survivors were likely to be particularly affected by the virus and by the resulting social and economic constraints. We had concerns about the logistics of conducting the research during periods of national and regional lockdown and about the burden the research could place on participating organisations during a time of crisis. We were also concerned about the validity and generalisability of findings based on data collected during this period. After discussion with the Study Steering Committee, it was agreed with NIHR that data collection would be postponed. This was communicated to participating provider organisations on 23/3/2020. Directly incurred research staff (comprising a 1.0 FTE programme manager and a 0.2 FTE

health economist) were furloughed from the project or seconded to other research projects within the university.

3. The Modern Slavery Victim Care Contract (under which the advocacy intervention being evaluated was provided) was retendered. The contract was re-awarded to The Salvation Army and came into force on 4/1/2021. Owing to administrative and other demands related to the implementation of the new contract, our study partners requested that the start date for the cohort study be brought forward to March 2021. The NIHR were informed and agreed the study could restart in November 2020 (i.e., after the end of the government furlough programme) and that fieldwork for the cohort study would follow in March 2021.
4. A further national lockdown was announced in January 2021 in response to the COVID-19 pandemic. Government briefings suggested that restrictions would not be relaxed before March 2021. We therefore agreed with NIHR that the project would incur a further delay of 3-6 months, and that we expected that the cohort study would now start between June 2021 and September 2021.
5. In April 2021, we were informed that the Home Office had placed an embargo on research using Modern Slavery Victim Care Contract data. This followed a review of legal and data protection risks associated with the use of these data for purposes other than service delivery. In agreement with NIHR, the study was paused on 24.8.2021, initially for a six-month period, while we awaited a resolution to this issue. The pause was extended on 30.2.2022 due to the embargo remaining in place. No expenditure was posted against the grant for this period. The embargo remains in place at the time of submission of this report.

#### Why there was a request for study closure

The study faced several challenges to delivering the proposed research, as outlined above. Primarily, the ongoing embargo on use of Modern Slavery Victim Care Contract data for research meant it was unclear when the study might be resumed. This uncertainty impacted buy-in from NGO partners into the project workplan, including for further data collection. Although we considered the possibility of requesting further postponements to the study, this would have risked disruption to provider organizations, including in terms of planning their own workloads and attending to their core activity. All collaborators indicated that their further contribution to the study would not be possible were the study to be paused further. Therefore, in the event of a project restart following another pause (which would have required the lifting of the research embargo), fresh collaborators would have needed to be sought, and included in the project under newly negotiated terms. Furthermore, the Salvation Army faced significant capacity reductions during the project, attributable to the pandemic. Their continued involvement would have required revised allocations of time and resources. We did not consider it feasible to request a further project extension, given the time which had already elapsed, the disruption incurred due to repeated pauses, and extra costs which would have been needed to account for increased costs, and to rebuild partnerships to support the research.

## A summary of work done before study was closed

**Governance:** We appointed a Study Steering Committee which met three times between November 2019 and September 2021. We also appointed a Survivor Research Advisory Committee which met three times between September 2019 and January 2020.

**Documentation and approvals:** We wrote the study protocol, registered the study with the International Standard Randomised Clinical Trial Number (ISRCTN) registry (reference ISRCTN16936317), and obtained ethical approvals from King's College London (reference HR-19/20-14424) and the Salvation Army (reference RCC-EAN200202). We purposively selected five organisations to participate as study sites and agreed their involvement in the study. We produced the study manual, questionnaires, participant information sheets, consent forms, and other study documentation, and working with the King's Clinical Trials Unit, programmed an electronic case report form (eCRF) database for data management. We produced training materials for NGO researchers and delivered this to practitioners at one of our five study sites.

**Data collection:** We conducted and transcribed 13 interviews with care providers working at our study sites.

**Knowledge exchange and further research:** We presented information about the study to the European Psychiatric Association (EPA) ("Responding to the mental health needs of trafficked women") in March 2021. We presented information about the study to the Independent Anti-Slavery Commissioner's Health Roundtable in May 2021 and provided a further update to this group in September 2021. Also in May 2021, we presented a briefing paper entitled: "A public health approach to modern slavery: opportunities and challenges" to the Independent Anti-Slavery Commissioner. In June 2021, we received funding from the Arts and Humanities Research Council (AHRC) for a project entitled: "Developing and implementing a modern slavery core outcome set". The new project brought together several academic and non-academic partners involved in this research to work to improve outcome measurement in modern slavery research.

## Lessons learned

**Enhanced policymaker engagement:** The Home Office Modern Slavery Unit (MSU) was a key stakeholder to the research, with whom we were in contact during project development and during the research embargo. Future research should establish mechanisms for regular and active engagement to ensure continuous dialogue to address potential challenges, including in data collection.

**Utilising NGO expertise:** NGOs working in health and social care delivery have invaluable expertise. This study showcased their willingness to participate in evaluative research. Projects collaborating with charitable care providers should allocate resources to enhance their involvement.

## Patient and Public Involvement

**Aim:** Through our PPI work we aimed for survivors of human trafficking contribute to the design of research procedures and materials, to the interpretation of findings, and to the development of strategies for dissemination and impact. We also aimed for research outputs to be accompanied by lived experience commentaries.

**Methods:** We worked with our collaborating organisation The Survivor Alliance (a global and survivor-led network dedicated to building the capacity of survivors of trafficking to take on leadership roles in research, education, and community mobilisation) to recruit survivors of human trafficking to our Research Advisory Group. The Director of The Survivor Alliance was appointed to our Study Steering Committee. We planned for our Research Advisory Group to meet three times per year and to provide additional input via email between meetings as required. Meetings were attended by the PI but independently chaired. Documents were circulated in advance of meetings. Training on research methods was provided. All PPI activities were paid in line with NIHR INVOLVE guidelines and where applicable we provided for travel expenses, childcare, accommodation, and subsistence.

**Results:** We recruited six survivors of human trafficking to our Research Advisory Group. To minimise burden, the group supported both this study and a second NIHR-funded study which explored mental health recovery among survivors of modern slavery using qualitative methods. Research Advisory Group members were highly motivated to engage and met three times before the postponement and eventual closure of the study. Over the course of these meetings, the group made recommendations on the format and content of study recruitment materials, on study procedures, and on questionnaires and topic guides. Research Advisory Group members also attended a “policy lab” led by the PI which aimed to formulate priority recommendations to improve the health service response to human trafficking, also attended by academics, practitioners, policymakers, and parliamentarians.

**Discussion:** Partnership working was fundamental to the success of our PPI strategy. Our partnership with the Survivor Alliance, a survivor-led organisation, was enabled successfully engaging survivors of human trafficking to advise on the research. Survivor Alliance managed recruitment to the Research Advisory Group, chaired meetings, managed payments and logistics, supported the co-development of terms of reference, and developed an accompanying research training programme. Their involvement also lent credibility to the research project and helped build trust between the research team and the Research Advisory Group. Working with Survivor Alliance during the grant application stage also helped ensure that PPI activities were appropriately budgeted and enabled research training to run alongside advisory group meetings. Partnering with a second NIHR study through a shared Research Advisory Group reduced the burden of participation, enabled efficient use of resources, and provided opportunities for cross-project learning.

**Reflections:** Survivors of human trafficking are motivated to contribute substantively to the research process and should be supported to do so, including through appropriate partnerships, resourcing, and skills development.



## ADDITIONAL INFORMATION SECTION

Disclosure of interest: None declared.

Information Governance Statement: Under the Data Protection legislation, King's College London is the Data Controller, and you can find out more about how we handle personal data, including how to exercise your individual rights and the contact details for our Data Protection Officer here: [Data Protection Policy - King's College London \(kcl.ac.uk\)](https://www.kcl.ac.uk/data-protection-policy)

Ethics statement: ethical approvals for planned work were obtained from King's College London (reference HR-19/20-14424) and the Salvation Army (reference RCC-EAN200202).

Data sharing statement: Interviews with providers conducted before the study was paused generated qualitative data and is not suitable for sharing. Further information can be obtained from the corresponding author.

Equality, Diversity, and Inclusion Statement: Survivors of trafficking are an ethnically and culturally diverse group. We intended to use inclusive language in participant materials, and to ensure wide representation of backgrounds in the cohort study of trafficking survivors. Analytic plans aimed to attend to differences in outcome between ethnic groups and based on sex and gender.

CRedit statement:

Role	Name
Conceptualisation	Sian Oram
Data Curation	Sian Oram
Formal Analysis	Sian Oram
Funding Acquisition	Sian Oram
Investigation	Sian Oram
Methodology	Sian Oram
Project Administration	Sian Oram
Resources	Sian Oram
Software	Sian Oram
Supervision	Sian Oram
Validation	Sian Oram
Visualisation	Sian Oram
Writing – Original Draft	Vishal Bhavsar
Writing – Editing and Reviewing	Sian Oram(lead), Vishal Bhavsar(supporting)

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