HEAL TRAFFICKING AND THE RIGHTS LAB RESEARCH WEBINAR

Co-designed instruments and outcomes for Human Trafficking Survivor Services and Research

PRESENTERS

Maylen Crespo

SPARK Manager, The Salvation Army Illuminate, Canada

Stacey Cutbush Starseed

Senior Scientist and Program Director, RTI International, USA

Sian Oram

Reader in Women's Mental Health, Kings College London, UK

Rachel Witkin

Director, MSCOS (Modern Slavery Core Outcome Set) Community of Practice (MS-CoP), UK



TUESDAY JANUARY 23 2024

2:00-3:30PM GMT 9:00-10:30AM EST





Survivor Informed Spaces

Adapted from the Survivor Alliance (<u>https://www.survivoralliance.org/</u>) ground rules for survivor informed spaces

- Assume positive intent but recognise impact.
- Treat everyone with respect. Any form of discrimination will not be tolerated.
- Please be open minded to the point of view of others.
- Take care of yourself as best you can.
- Allow people to make mistakes.
- One microphone.

THE SALVATION ARMY ILLUMINATE





Intentions

Present	Principles for Survivor-Informed Research used by Illuminate
Share	Compelling Narratives
Provide	Practical Insights for Actionable Strategies
Inspire and Encourage	the Integration of Survivor Led Initiatives

Introduction

We boldly disrupt the cycles of human trafficking by illuminating public awareness through education, provide relentless intervention strategies, safe spaces for Survivors to heal, and establishing networks that build back extraordinary lives for those affected.

















Initiatives





SURVIVOR-LED RESEARCH INITIATIVES



SHIFT

SURVIVOR-LED RESEARCH INITIATIVES We conducted 2 research studies to date:

SHIFT 1: Service Access

SHIFT 2: Origins of Trafficking

Survivor Inclusion Model

- 1. Participatory Action Design
- 2. Lived Experience Inclusion Model
- 3. Trauma Sensitive Research
- 4. Maslow Hierarchy of Needs: Informed by Blackfoot Nation
- 5. Integrative Trafficking Experiences



SHIFT SURVIVOR-LED RESEARCH INITIATIVES

Survivor Inclusion Model



SHIFT SURVIVOR-LED RESEARCH INITIATIVES

Our Survivor Led approach
 Ethics Framework
 Ethical Storytelling

Survivor Safe Approaches

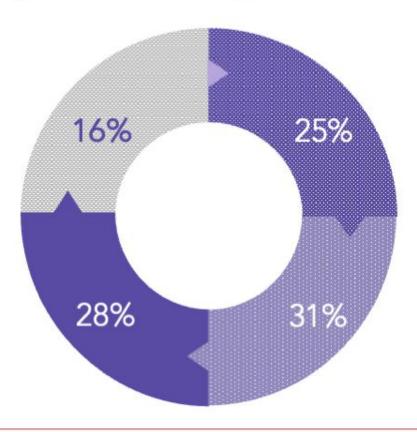
1. Participatory Action Design



Participatory Action Design –Time in Recovery

0-3 MONTHS IN RECOVERY

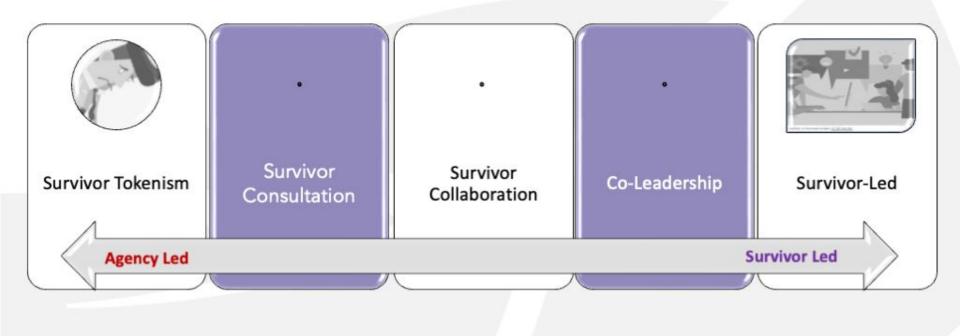




3-8 MONTHS IN RECOVERY

3 YEARS OR MORE IN RECOVERY

2. Lived Experience Inclusion Model



3. Trauma Sensitive Research

TRAUMA INFORMED PRACTICE

Survivor's unique needs
 Safe and supportive space.
 Being heard and validated.

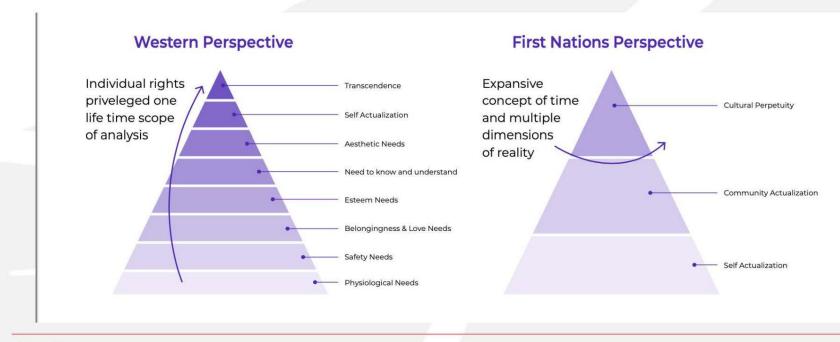
Examples: Open-Ended Questions, Strengths-based, Transparency and supports



ENSURING PARTICIPANT WELL-BEING

- 1. Clear communication.
- 2. Providing psychosocial support for participation.
- 3. Transparency about research goals, procedures, and potential risks.

4. Maslow Hierarchy of Needs: Informed by Blackfoot Nation



5. Integrative Trafficking Experiences

Balance focus

Avoiding Tunnel vision

Recognition

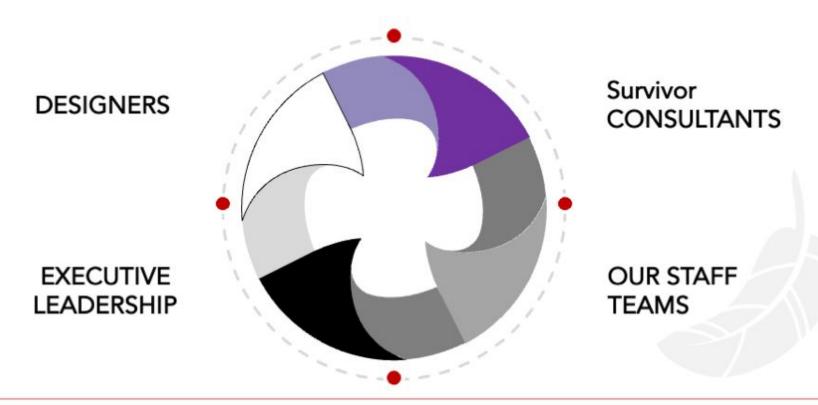
Broadening the Scope

Inclusive approach



SHIFT SURVIVOR-LED RESEARCH INITIATIVES

6. Our Survivor Led Approach



6. Our Survivor Led Approach

43% of participants indicated they prefer services that are <u>not led</u> by victims of trafficking.

Survivors noted that if professionals adapt appropriately, there won't need to be such a strong reliance on Survivors to <u>"fix" systems</u>, which would allow them to have more space and less obligations in recovery

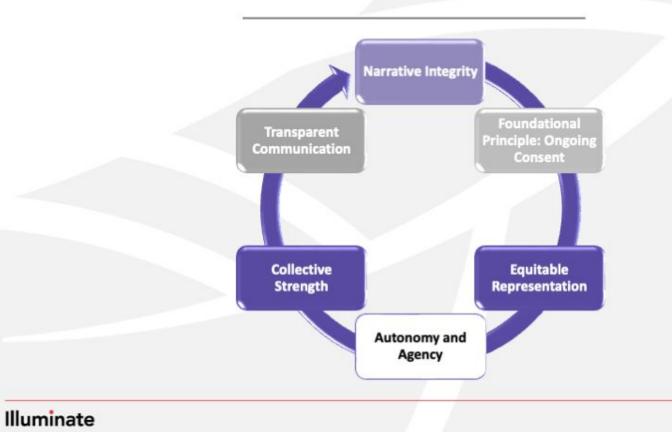


SHIFT SURVIVOR-LED RESEARCH INITIATIVES

6. Ethics Framework



7. Ethical Storytelling



Their Experience

 I put this Art and different themes and Colors because I do believe in every Survivors ability, I believe that Healing is possible despite of we went through. I can see that there's Freedom and Justice in all of us.

- Grateful
- Warrior of my own voice



We are dedicated to foster collaboration and elevating the collective efforts of all.



THE SPARK

ANTI-HUMAN TRAFFICKING EDUCATION

- READ our reports
- FOLLOW UP survey
- REQUEST training
- CONNECT with us

connect@illuminateht.com

TO REFER A Survivor



604-347-9500

referrals@illuminateht.com

7 days a week, on-call available in emergencies

Thank you!

https://www.surveymonkey.com/r/93JSHTZ





Outcomes for Human Trafficking Survivors: Development, Testing, and Implementation

January 23rd, 2024

Stacey Cutbush Starseed, PhD RTI International



OHTS Background and Overview

Measuring Outcomes Study Goals

- Establish a foundation for evidence-informed services for trafficking victims
- Create and assess an instrument to describe client progress in domains relevant to key outcomes



Purpose for Developing the OHTS Instrument

To support case management

To inform data-driven program development

To identify resource gaps

To build knowledge

To communicate program successes to stakeholders and funders

OHTS Instrument

 Documents the status of program participants (clients) in outcome categories related to safety, well-being, social connectedness, and self-sufficiency.



The OHTS Instrument measures...

Safety



Resource Management

Housing

Safety

Well-being



Behavioral Health Physical Health

Rights



Immigration

Legal Issues

Social Connectedness



:35

Social Support Parenting (if applicable)

Self-Sufficiency

Education

Language and Literacy

Life Skills

Employment

Public Benefits



OHTS Development and Testing

Assess and Improve Content Validity—Approach

- Goals .
 - Ensure that what the instrument is trying to measure is relevant for the diverse service programs Reflect stakeholder recommendations for assessing client progress over time



- Goal
 - Assess validity of descriptors to their assigned anchors on the crisis-to-thriving scale



Assess and Improve Instrumentation—Approach

- Goals
 - Improve instrument clarity and navigability
 - Reduce respondent burden



Assess Reliability and Concurrent Validity—Approach

- Goals
 - Rate hypothetical client case vignettes against expert consensus rating

Method

 Assessment of hypothetical clients by experts and case managers using instrument

OHTS Instrument Demo

Instrument Demo- Overview

Instrument primary functions

- 1. Input Client Records
- 2. Review or Edit Existing Records
- 3. Store Client Data
- 4. Summarize Data

File Home Insert Draw Page Layout Formulas Data Review View Help

Outcomes for Human Trafficking Survivors- Input Instructions

Introduction

This assessment is designed to describe a client's status at a specific point in time. When used over time it can document a client's progress towards positive outcomes related to safety, well-being, social connectedness, and self-sufficiency. Information from this assessment can help programs identify service needs and strategies for each client.

Case managers should complete this client assessment based on their knowledge of a specific client. The assessment should not be completed with or by the client.

Before completing the instrument on the next tab titled "Input Client Status," please read the instructions below.

Instructions

Example

This assessment incudes 14 categories addressing specific aspects of safety, well-being, social connectedness, and self-sufficiency. Each of the 14 categories consists of several rows within the category. Within each row, read the description in each column, and check the **one** box next to the text that best describes the client at this time.

Outcome Categories						Intentionally Skipped	Check the one
Category Definitions to help you select the most	Row 1 of Boxes; Level 1 description	Row 1 of Boxes; Level 2 description	Row 1 of Boxes; Level 3 description	Row 1 of Boxes; Level 4 description	Row 1 of Boxes; Level 5 description		box within each row that best applies to the client at this poin
appropriate boxes.	Row 2 of Boxes; Level 1 description	Row 2 of Boxes; Level 2 description	Row 2 of Boxes; Level 3 description	Row 2 of Boxes; Level 4 description	Row 2 of Boxes; Level 5 description		in time.
Summary Rating:	Row 3 of Boxes; Level 1 description	Row 3 of Boxes; Level 2 description	Row 3 of Boxes; Level 3 description	Row 3 of Boxes; Level 4 description	Row 3 of Boxes; Level 5 description		

Enter the client's ID and the date.

For each category:

-Read the important definitions provided in the left-hand column.

-If client has identified this category as a priority, check the "Client Priority Goal" box in the left column.

-If the category includes a "Not Applicable" box, read the corresponding footnote and check "Not Applicable" if appropriate for that category.

-Complete each category independently of other categories. For example, a behavioral health issue such as intravenous drug use should be reflected in

the Behavioral Health category, while a specific physical health impact of the drug use, such as Hepatitis C, would be reflected in the Physical Health category.

-Complete each row by checking the box next to the description that best applies to the client at this point in time.

-If you do not have enough information about the client to make an informed decision about how to score the client within a given row, select "Intentionally Skipped."

-If you do not have enough information about the client to make an informed decision about how to score the client within the entire category, leave every row blank, and check the "Don't know" box in the -For minor clients, consider age-appropriate expectations. Several categories have items specifically designated for minors.

-Complete each row independently of the other rows, describing a distinct aspect of the client. For example, if one row describes client health issues and another row describes client access to healthcare, think about those two issues separately, to the extent possible.

- When you have completed all rows in a category, the instrument will calculate a summary rating for that category, based on the boxes that you checked.

When you have completed all categories, please select "Add Status Record." The information you entered will be moved to the third tab "Client Status Data."

Input Instr	uctions Input Client Status	Edit Instructions	Review-Edit Existing Record	Client Status Data	Output Instructions	Single Assessment Summary	Program Summary
-------------	-----------------------------	-------------------	-----------------------------	---------------------------	---------------------	---------------------------	-----------------

Instrument Demo—Input Client Records

				Ou	tcomes for Human Tra	THER						
C Date Com	lient ID: pleted:		/2020				Client Priority Goals Number of priority goals: Average priority goal rating:	1		Ad	d Status Record	ear Inputs
Outcome Catego	ries				Check the one box within	each	row that best applies to the	client a	at this point in time.			Intentionally Skipped
Behavioral Health Behavioral health may in mental health, emotiona and substance use.			Behavioral health issues seriously affect daily functioning		Behavioral health issues moderately affect daily functioning	V	Behavioral health issues mildly affect daily functioning		Behavioral health issues mildly and rarely affect daily functioning		Behavioral health issues do not affect, or minimally affect, daily functioning	
 Client priority goa 	l I											
Summary Rating:	2.5		Relies primarily on coping strategies that make one vulnerable and unsafe	•	Limited use of healthy coping or harm reduction strategies; frequent use of unhealthy strategies		Alternates among use of healthy coping, harm reduction, and unhealthy strategies		Frequent use of healthy coping strategies; limited use of harm reduction or unhealthy strategies		Relies primarily on healthy coping strategies; takes steps to implement self- care	
Physical Health Physical health includes physical, sexual, reprod vision and dental health	luctive,	7	Health issues seriously affect daily functioning		Health issues moderately affect daily functioning		Health issues mildly affect daily functioning		Health issues mildly and rarely affect daily functioning		Health issues do not affect, or minimally affect, daily functioning	
Do not include behavior health issues, including substance use, when rat client in this category; behavioral health issue affecting the client shou included within the behi health category.	ting a s ild be		No treatment or significant gaps in treatment and management of health issues	V	Health issues occasionally treated and managed		Health issues usually treated and managed		Health issues consistently treated and managed		Health issues proactively treated and managed	
Client priority goa	(
Summary Rating:	2.0		Does not understand basic health needs		Limited understanding of basic health needs		Understands basic health needs		Understands how to maintain health; can locate additional information as needed		Understands how to maintain and improve health; can locate additional information as	V
Don't know			No access to health care or access through ER only		Limited access to health care	7	Access to basic health care		Access to basic health care and additional needed services (e.g. vision, dental)		Consistent and reliable access to basic health care and additional needed services (e.g. vision, dental)	
Safety Threats to physical, emot and financial safety and can come from any sour including but not limited trafficker.	freedom ce,		Serious and immediate threats to safety or freedom are known to exist		Moderate threats to safety or freedom are known to exist		Limited threats to safety are known to exist		Limited threats to safety are possible		Threats to safety do not appear to exist ¹	

Input Instructions Input Client Status Edit Instructions Review-Edit Existing Record Client Status Data Output Instructions Single Assessment Summary Program Summary

Instrument Demo—Input Client Records

			Ou	tcomes for Human Tra	ITTICK						
Client ID: Date Completed:		/2020				Client Priority Goals Number of priority goals Average priority goal rating	1		Ad	d Status Record Cl	ear Inputs
Outcome Categories				Check the one box within	each	row that best applies to the	client a	it this point in time.			Intentionally Skipped
Behavioral Health Behavioral health may include mental health, emotional health, and substance use.		Behavioral health issues seriously affect daily functioning		Behavioral health issues moderately affect daily functioning	V	Behavioral health issues mildly affect daily functioning		Behavioral health issues mildly and rarely affect daily functioning		Behavioral health issues do not affect, or minimally affect, daily functioning	
Summary Rating: 2.5		Relies primarily on coping strategies that make one vulnerable and unsafe	•	Limited use of healthy coping or harm reduction strategies; frequent use of unhealthy strategies		Alternates among use of healthy coping, harm reduction, and unhealthy strategies		Frequent use of healthy coping strategies; limited use of harm reduction or unhealthy strategies		Relies primarily on healthy coping strategies; takes steps to implement self- care	
Physical Health Physical health includes Physical, sexual, reproductive, rision and dental health.	V	Health issues seriously affect daily functioning		Health issues moderately affect daily functioning		Health issues mildly affect daily functioning		Health issues mildly and rarely affect daily functioning		Health issues do not affect, or minimally affect, daily functioning	
to not include behavioral ealth issues, including ubstance use, when rating a lient in this category; ehavioral health issues iffecting the client should be ncluded within the behavioral ealth category.		No treatment or significant gaps in treatment and management of health issues	V	Health issues occasionally treated and managed		Health issues usually treated and managed		Health issues consistently treated and managed		Health issues proactively treated and managed	
Client priority goal											
Summary Rating: 2.0		Does not understand basic health needs		Limited understanding of basic health needs		Understands basic health needs		Understands how to maintain health; can locate additional information as needed		Understands how to maintain and improve health; can locate additional information as	V
Don't know		No access to health care or access through ER only		Limited access to health care	7	Access to basic health care		Access to basic health care and additional needed services (e.g. vision, dental)		Consistent and reliable access to basic health care and additional needed services (e.g. vision, dental)	
Safety Threats to physical, emotional, and financial safety and freedom can come from any source, ncluding but not limited to a rafficker.		Serious and immediate threats to safety or freedom are known to exist		Moderate threats to safety or freedom are known to exist		Limited threats to safety are known to exist		Limited threats to safety are possible		Threats to safety do not appear to exist ¹	

Input Instructions Input Client Status Edit Instructions Review-Edit Existing Record Client Status Data Output Instructions Single Assessment Summary Program Summary

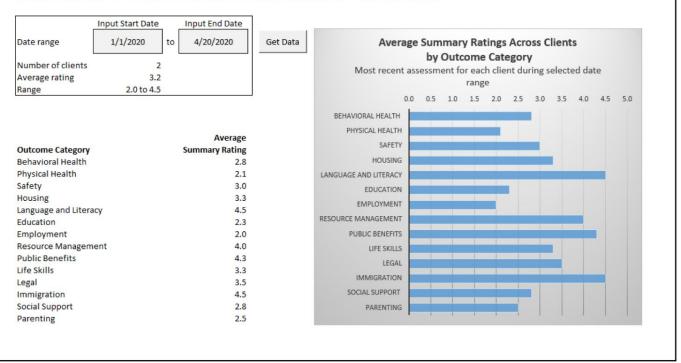
Instrument Demo—Summarize Client Data

			Client Single Assessment Summary- Rating by Outcome Category
	All Categories	Client Priority Categories	0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0
Average rating Range	3.0 1.0 to 5.0	1.8 1 to 2.5	0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 BEHAVIORAL HEALTH PHYSICAL HEALTH SAFETY HOUSING
Dutcome Category Behavioral Health Physical Health afety Housing anguage and Literacy ducation imployment Resource Managemen Public Benefits Life Skills egal mmigration focial Support Parenting	<i>,</i>	Summary Rating 2.5 * 1.0 * 3.7 3.5 5.0 2.3 1.5 * 3.0 4.0 2.5 3.3 5.0 2.5 3.3 5.0 2.5 3.2 2.5 2.0 *	LANGUAGE AND LITERACY EDUCATION EMPLOYMENT RESOURCE MANAGEMENT PUBLIC BENEFITS LIFE SKILLS LEGAL IMMIGRATION SOCIAL SUPPORT PARENTING Client Priority Categories All Categories

Instrument Demo—Summarize Program Data

Program-Level Summary – Average Summary Ratings Across Clients by Outcome Category

Includes the most recent assessment for each client seen during the selected date range.



Input Client Status

OHTS Implementation Best Practices

Preparing to use the OHTS

- Consider your organization's needs and goals using the OHTS
- Ensure technical specifications are met (excel, macros)
- Train staff on OHTS
 - Review instrument instructions
 - Review instrument definitions and guidelines for key terms and outcome categories



Implementing the OHTS

- Context for completing the OHTS
 - Not in presence of client
- Timing of OHTS completion
- Frequency of OHTS completion
- Length of OHTS completion



Data Security and Participant Confidentiality

- Sign confidentiality pledges
- Create excel key of unique IDs
- Keep key and OHTS data password protected
- Store OHTS data on secure network
- Back up your data



How to Use Your Data

- Improve client case management
- Improve program and services
- Demonstrate program impact to funders



Other Freely Available OHTS Resources

OHTS User Guide

ŵ 🗉				A	go to previous view	@ 2 @
About th	his Guide	About the OHTS	Using the OHTS	OHT'S Data Visualization	Definitions	and Terms
				and the second second	_	
Tab	le of Contents					
3	About this gu	ide				
4	About the OH	TS				
	5 Technica	I Specifications				
	6 What Is t	he Purpose of the OHTS?				
	7 How Wa	s the OHTS Developed and Teste	ed?			
	8 How Sho	ould Programs and Case Manage	ers Prepare to Use the OHTS	?		
9	Using the OH	rs				
	10 Who Sho	ould Complete the OHTS?	T			1
	10 When Sh	nould Case Managers Complete	the OHTS?			
	11 How Do	Case Managers Complete the O	HTS?		-	<u> </u>
12	OHTS Client D	ata Displays				
	13 How Do	es the OHTS Display Client Data	1			
	16 How Car	We Do More with OHTS Data?				
18	Key Term Defi	nitions				

OHTS Development Brief

Outcomes for Human Trafficking Survivors: Development Brief



Background

Providers know firsthand that service programs can transform the lives of survivors of human trafficking. However, the field lacks systematic information about service program outcomes. Specifically, little information exists about the extent of change and the areas in which change occurs as a result of program participation. The Outcomes for Human Trafficking Survivors (OHTS) Instrument was developed to help human trafficking service programs evaluate how their services change lives. Defining outcomes in human trafficking service programs is often challenging because "success" means much more than clients exiting trafficking situations—it means clients rebuilding their lives. Success will therefore look different for each individual, and pathways to success will vary depending on characteristics such as age, citizenship, and trafficking experiences. Measuring outcomes can also be difficult for programs due to organizational capacity, time limitations, client language differences, literacy challenges, and the need to be trauma sensitive and minimize burden for clients. Yet human trafficking service programs need information about survivor outcomes to demonstrate program impact.



The Modern Slavery Core Outcome Set (MSCOS)

Dr Sian Oram

MODERN SLAVERY CORE OUTCOME SET

Reader in Women's Mental Health

King's College London

sian.oram@kcl.ac.uk | @sianoram

Why use the term "modern slavery"

The term is criticised for

- Undermining international cooperation.
- Trivialising historical slavery.
- Being appropriated for political purposes.
- Equating people to "things" rather than recognising agency and diversity of experience.

The term is defended for having

- Resonance with the public
- Power to galvanise global action

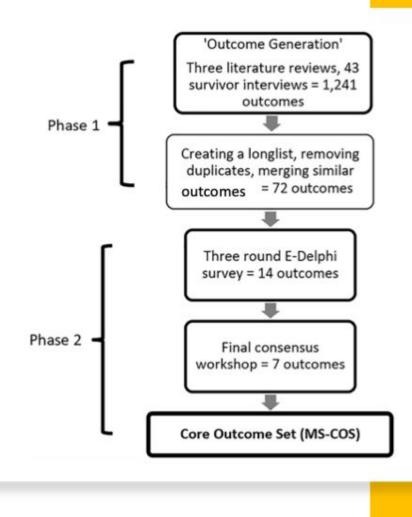
Dottridge 2017, Faulkner 2017, O'Connell Davidson 2016, Ewart-James & Howard 2017.

The case for a modern slavery core outcome set

- Comparing intervention effectiveness requires that outcomes be standardised and consistently reported.
- Interventions should target outcomes that are meaningful to the recovery and reintegration experiences of survivors.
- Interventions should reflect the concepts of success held by those who receive, deliver, and commission interventions.

→ Consensus on what outcomes should be measured is the first step.

The MSCOS process



Survivor Involvement

- Partnering with survivor organisations
- Employing peer researchers with lived experience
- · Establishing a survivor research advisory board
- Including a broad range of survivor participants in the research.

The outcomes

Secure and suitable housing

Safety from any trafficker or other abuser

Long-term, consistent support

Compassionate, trauma informed services

Finding purpose in life and self-actualisation

Access to medical treatment

Access to education



Using the MSCOS

- Consider all MSCOS outcomes in intervention development and evaluation.
- Where an intervention doesn't cover all MSCOS outcomes, either consider amending the intervention or partnering with services and interventions that do.
- Consider how outcomes can work on many different levels, and the importance of structural factors when designing and evaluating interventions.
- When working with individual-level outcomes, be careful not to disproportionately burden survivors.
- All MSCOS outcomes should be measured at consistent, regular time points regardless of someone's circumstances or time since their experience of trafficking.

References.

COMET (2020). Core outcome measures in effectiveness trials. https://www.comet-initiative.org/

Dottridge M. (2017). *Eight reasons why we shouldn't use the term "modern slavery"*. Retrieved October 17, 2023, from Antislavery.org/slavery-today/modern-slavery/

Ewart-James J., Howard N. (2017). INTERVIEW: Why does Freedom United use the term "modern slavery"? Retrieved October 17, 2023, from https://www.opendemocracy.net/en/beyond-trafficking-andslavery/interview-why-does-freedom-united-use-the-term-modernslavery/

Faulkner E. (2017). How the idea of "modern slavery" is used as political click bait. Retrieved October 17, 2023, https://theconversation.com/how-the-idea-of-modernslavery-is-used-as-political-click-bait-84877

Graham L. M., et al (2019). Measures for evaluating sex trafficking aftercare and support services: A systematic review and resource compilation. Aggression and Violent Behavior, 47, 117–136.

Jannesari, S., et al (2023). The Modern Slavery Core Outcome Set: A Survivor-Driven Consensus on Priority Outcomes for Recovery, Wellbeing, and Reintegration. *Trauma, Violence, & Abuse, 0*(0). https://doi.org/10.1177/15248380231211955

O'Connell Davidson J. (2016). On slaves, persons and things: The trouble with modern slavery. Retrieved October 17, 2023, from https://ohrn.law.ox.ac.uk/on-slaves-persons-and-things-thetrouble-with-modern-slavery-professor-julia-oconnell-davidsonbristol/

Paphitis S., et al (2023), The modern slavery core outcome set. Retrieved May 25, 2023, from mscos.co.uk/upioads/1/3/8/5/138543036/mscos final study report Tinal.odf

Acknowledgements.

Special thanks to our survivor research advisory board for their guidance and wisdom throughout the project, which was crucial to its success. They have all consented to be named and credited for their contributions. They area Bee Damara, Jeanet Joseph, Ruth Aguele, Keith Lewis, Wendy Caballero, Mimi Jalmasco, and Emily Vaughn.

Funding.

This project was funded and supported by the Modern Slavery and Human Rights Policy and Evidence Centre (Modern Slavery PEC) via grant code AH/V012932/1. The Modern Slavery PEC is funded and actively supported by the UK Arts and Humanities Research Council (AHRC) on behalf of UK Research and Innovation (UKRI), from the Strategic Priorities Fund.

Conflicts of Interest.

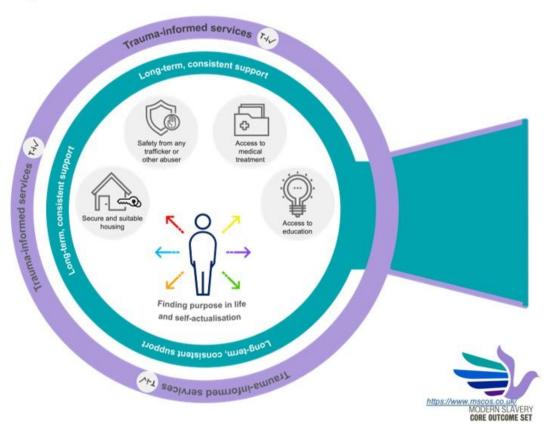
Sian Oram declares no potential conflicts of interest.

MSCOS Community of Practice

Sharing Perspectives: Linking Practice

	MSCOS
1	Secure and suitable housing
2	Long-term, consistent support
3	Finding purpose in life and self actualisation
4	Safety from any trafficker or other abuser
5	Access to medical treatment
6	Access to education
7	Compassionate, trauma informed services

.....



The MSCOS Research Advisory Board (RAB)

Survivor leaders are professional innovators in any discipline related to the field of anti-trafficking.

- A wide range of significant skills and knowledge, expertise and experience .
- Variety in our cultural and socio-economic backgrounds, individual family backgrounds and histories .
- Unique insight into different forms of trafficking and the operations of traffickers .





Bee Damara

Brook



Juliet

Joseph

Keith Lewis



Mimi Jalmasco



Peter Parker



Aquele







MSCOS Community of Practice

Some examples of academic and practice models



How do we take the MSCOS forward?





Harnessing expertise

Building bridges internationally



Funding for further research



Learnings from other projects

Ensure that survivor voices, participation, leadership, and expertise are at the heart of the MSCOS and Community of Practice (CoP)

Harness the wide ranging expertise of the CoP to further define standardisation, practice implementation, policy engagement, and monitoring / evaluation Build bridges with the international community, to keep up to date with the best practices of supporting and working with survivors for their recovery and well-being Having identified broad consensus on measurable standards for the COS via activities and forums with the Community of Practice, the next phase is to initiate a second study to create an evidence base for these Learn from other practice models and core outcome sets of partners in the CoP and identify potential collaborations and joint objectives

Document how MSCOS can be applied, and used in other research projects, and how that can inform further implementation and development

MS-CoP Activities: Please join us www.mscos.online

Focused expert online workshops

MSCOS podcasts

Website and discussion forums to exchange ideas and opinions on current practice and best practice

The Mode	rn Slavery Con	e Outcomes Set
-		
and a state of the	~~~~	DEI





- Survivor leaders: finding purpose in life and selfactualization (May 2023)
- Meeting the needs of vulnerable young adults at risk of trafficking aged 18-25 (February 2024)
- Secure and suitable housing for victims of trafficking
 (April 2024)
- · Access to physical and mental healthcare (date tbc)

w.6;	
	hark you to everyone who has wapped shared feedback, and contributed to the <u>discussion forene</u> . We have been having dear than diff were deciptions, locations and perspective, and we are looking forward to water, focused atteinholder meetings satisfy the MSCA
Riday we are focusing on the Mill In to Fick ing incode in starvery. All	SCOS so a whole not and/a const to Medical Treatment (Healthcare) in relators to the read for a <u>public health</u> approady to wehigh stream light Cord initiates in relation to Treams inflative's faind one.
THIS WEEK'SPEATURE	
6	Sources say the MEEDS must <u>parties a softwared</u> marker in the Eventse. The constants is another expe- of performance decipies, services, agreeds, and subtables, which can all be encomposed with equilities health insure moders always have main allowing.
8. 8	Liz Such, Ann McLawn feither at the School of Harith Sciences, University of Nothinghery ways
S	²⁴ Langbal to see a public headh approach to modern alway being used to gaits the work on the MS COS. A public head to approach to move-activity awy of ordering all the published modern alway that encampes and in the solution. The important down is marked and informed the constraints interaction.
Working with GrowDuttame as a Set	⁶ 9 Thelps us to according to the immediate problems lacing individuals, some can region while we can do us a sound to show y splant to prevent and nation fraction fraction.
	1.1 makes satisfiely more about prevention and, to perform from to prevent the versit from the piering mithe field place.
	It mises us tak for sci dates upshown threps like invasing, physical safety, access to good work and healthcars. Pulling Toos fundamental threps in plans are imported protoches factors that advan- page to have ad.
	The WSCOS regression is been up invertisations by subpling a public built in approach, see our finances a sector investe without perivers in mallow, segme and incubies indeep randomized without publics and in their impose invincementation perpivitives in transitivity, we can train by define their granitances takes where an indeep instrumentation of the period of the sector provided and the sector of th



HEAL TRAFFICKING AND THE RIGHTS LAB RESEARCH WEBINAR

Co-designed instruments and outcomes for Human Trafficking Survivor Services and Research

THANK YOU

We want to hear your feedback! Scan the QR code below to complete our virtual evaluation form.





TUESDAY JANUARY 23 2024

2:00-3:30PM GMT 9:00-10:30AM EST



