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 (https://www.survivoralliance.org/) 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.
<table>
<thead>
<tr>
<th>Intentions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>Principles for Survivor-Informed Research used by Illuminate</td>
</tr>
<tr>
<td>Share</td>
<td>Compelling Narratives</td>
</tr>
<tr>
<td>Provide</td>
<td>Practical Insights for Actionable Strategies</td>
</tr>
<tr>
<td>Inspire and Encourage</td>
<td>the Integration of Survivor Led Initiatives</td>
</tr>
</tbody>
</table>
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.

Illuminate
ENDING HUMAN TRAFFICKING
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
Survivor Inclusion Model

6. Our Survivor Led approach
7. Ethics Framework
8. Ethical Storytelling

Survivor Safe Approaches
1. Participatory Action Design

- **Advisory Committee Members**: 6
- **SHIFT 1: Practicum Students**: 2
- **Survivor Content Reviewers**: 4
- **Research Questions**: 65
- **Invited**: 99
- **Study Participants**: 46
- **Hours of Donated Expertise**: 18
- **Pages of Powerful Research Insights**: 78
Participatory Action Design – Time in Recovery

- 0-3 Months in Recovery: 16%
- 3-8 Months in Recovery: 25%
- 8 Months - 1.5 Years: 28%
- 3 Years or More in Recovery: 31%
2. Lived Experience Inclusion Model

- Survivor Tokenism
- Survivor Consultation
- Survivor Collaboration
- Co-Leadership
- Survivor-Led

Agency Led → Survivor Led
3. Trauma Sensitive Research

TRAUMA INFORMED PRACTICE

1. Survivor’s unique needs
2. Safe and supportive space.

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

Western Perspective

- Individual rights privileged one life time scope of analysis
- Transcendence
- Self Actualization
- Aesthetic Needs
- Need to know and understand
- Esteem Needs
- Belongingness & Love Needs
- Safety Needs
- Physiological Needs

First Nations Perspective

- Expansive concept of time and multiple dimensions of reality
- Cultural Perpetuity
- Community Actualization
- Self Actualization
5. Integrative Trafficking Experiences

Balance focus

Avoiding Tunnel vision

Recognition

Broadening the Scope

Inclusive approach
6. Our Survivor Led Approach

- Designers
- Executive Leadership
- Survivor Consultants
- Our Staff Teams
6. Our Survivor Led Approach

43% of participants indicated they prefer services that are **not led** by victims of trafficking.

Survivors noted that if professionals adapt appropriately, there won't need to be such a strong reliance on Survivors to **"fix" systems**, which would allow them to have more space and less obligations in recovery.
6. Ethics Framework

- Support Active Involvement
- Remove Tokenism & Re-Exploitation
- Follow Confidentiality
- Encourage Survivors as Part of The Solution!
- Protected Release
7. Ethical Storytelling

- Narrative Integrity
- Transparent Communication
- Foundational Principle: Ongoing Consent
- Collective Strength
- Equitable Representation
- Autonomy and Agency
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.

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

connect@illuminateht.com
TO REFER A Survivor

Illuminate
ENDING HUMAN TRAFFICKING

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

Available Resources
- Outcomes for Human Trafficking Survivors
  - Instrument
  - Development Guide
  - User Guide
- www.rti.org/human-trafficking-ohts
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
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

**Social Connectedness**
- Social Support
- Parenting (if applicable)

**Well-being**
- Behavioral Health
- Physical Health

**Self-Sufficiency**
- Education
- Language and Literacy
- Life Skills
- Employment
- Public Benefits

**Rights**
- Immigration
- Legal Issues
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.

**Methods**
- Environmental scan
- Expert panels of providers, survivors, researchers
Assess and Improve Scoring—Approach

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

**Method**
- Web-based scoring exercise
Assess and Improve Instrumentation—Approach

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

Method
- Cognitive interviews
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
**Instrument primary functions**

1. Input Client Records
2. Review or Edit Existing Records
3. Store Client Data
4. Summarize Data
Instrument Demo—Instructions

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
This assessment includes 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.

Example:

Enter the client’s ID and the date.

For each category:
- Read the important definitions provided in the left-hand column.
- If the 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 last row.
- 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.”
## Outcomes for Human Trafficking Survivors

**Client ID:** 1  
**Date Completed:** 04/22/2020

### Client Priority Goals
- Number of priority goals: 1  
- Average priority goal rating: 2.5

### Behavioral Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client priority goal</td>
<td>○ Relying primarily on coping strategies that make one vulnerable and unsafe</td>
</tr>
<tr>
<td>Summary Rating: 2.5</td>
<td>○ Functional health issues that may include substance use.</td>
</tr>
</tbody>
</table>

### Physical Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client priority goal</td>
<td>○ Health issues: Serious affect daily functioning</td>
</tr>
<tr>
<td>Summary Rating: 2.0</td>
<td>○ Health issues: Treated and Managed</td>
</tr>
</tbody>
</table>

### Safety

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client priority goal</td>
<td>○ Serious threats to safety or freedom are known to exist.</td>
</tr>
</tbody>
</table>

### Intentionally Skipped

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>○ Frequent use of healthy coping strategies</td>
</tr>
<tr>
<td>Safety</td>
<td>○ Frequent use of healthy coping strategies</td>
</tr>
</tbody>
</table>

---

**Input Instructions**  
**Input Status**
# Outcomes for Human Trafficking Survivors

**Client ID:** 1  
**Date Completed:** 04/22/2020  
**Average priority goal rating:** 2.5

## Outcome Categories

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Physical Health</th>
<th>Safety</th>
</tr>
</thead>
</table>
| **Behavioral Health:** Behavioral health may include mental health, emotional health, and substance use.  
☐ Client priority goal  
**Summary Rating:** 2.5  
☐ Don’t know | **Physical Health:** Physical health includes physical, sexual, reproductive, vision and dental health.  
Do not include behavioral health issues, including substance use, when rating a client in this category; behavioral health issues affecting the client should be included within the behavioral health category.  
☐ Client priority goal  
**Summary Rating:** 2.0  
☐ Don’t know | **Safety:** Threats to physical, emotional, and financial safety and freedom can come from any source, including but not limited to a trafficker.  
☐ 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 |

## Check the one box within each row that best applies to the client at this point in time.

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Physical Health</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Behavioral health issues seriously affect daily functioning</td>
<td>☐ Health issues seriously affect daily functioning</td>
<td>☐ Serious and immediate threats to safety or freedom are known to exist</td>
</tr>
<tr>
<td>☐ Behavioral health issues moderately affect daily functioning</td>
<td>☐ Health issues moderately affect daily functioning</td>
<td>☐ Moderate threats to safety or freedom are known to exist</td>
</tr>
<tr>
<td>☐ Behavioral health issues mildly affect daily functioning</td>
<td>☐ Health issues mildly affect daily functioning</td>
<td>☐ Limited threats to safety are known to exist</td>
</tr>
<tr>
<td>☐ Behavioral health issues rarely affect daily functioning</td>
<td>☐ Health issues rarely affect daily functioning</td>
<td>☐ Limited threats to safety are possible</td>
</tr>
<tr>
<td>☐ Behavioral health issues do not affect, or minimally affect, daily functioning</td>
<td>☐ Health issues do not affect, or minimally affect, daily functioning</td>
<td>☐ Threats to safety do not appear to exist</td>
</tr>
</tbody>
</table>

## Intentionally Skipped

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Physical Health</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Relies primarily on coping strategies that make one vulnerable and unsafe</td>
<td>☐ Alternates among use of healthy coping, harm reduction, and unhealthy strategies</td>
<td></td>
</tr>
<tr>
<td>☐ Limited use of healthy coping or harm reduction strategies; frequent use of unhealthy strategies</td>
<td>☐ Frequent use of healthy coping strategies; limited use of harm reduction or unhealthy strategies</td>
<td></td>
</tr>
<tr>
<td>☐ Relies primarily on healthy coping strategies; takes steps to implement self-care</td>
<td>☐ Relies primarily on healthy coping strategies; takes steps to implement self-care</td>
<td></td>
</tr>
</tbody>
</table>
**Client Single Assessment Summary – Rating by Outcome Category**

**Client ID**: 1

**Record Date**: 9/17/2019

<table>
<thead>
<tr>
<th>Outcome Category</th>
<th>Summary Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>2.5 *</td>
</tr>
<tr>
<td>Physical Health</td>
<td>1.0 *</td>
</tr>
<tr>
<td>Safety</td>
<td>3.7</td>
</tr>
<tr>
<td>Housing</td>
<td>3.5</td>
</tr>
<tr>
<td>Language and Literacy</td>
<td>5.0</td>
</tr>
<tr>
<td>Education</td>
<td>2.3</td>
</tr>
<tr>
<td>Employment</td>
<td>1.5 *</td>
</tr>
<tr>
<td>Resource Management</td>
<td>3.0</td>
</tr>
<tr>
<td>Public Benefits</td>
<td>4.0</td>
</tr>
<tr>
<td>Life Skills</td>
<td>2.5</td>
</tr>
<tr>
<td>Legal</td>
<td>3.3</td>
</tr>
<tr>
<td>Immigration</td>
<td>5.0</td>
</tr>
<tr>
<td>Social Support</td>
<td>2.5</td>
</tr>
<tr>
<td>Parenting</td>
<td>2.0 *</td>
</tr>
</tbody>
</table>

* Indicates client-identified priority category

**Client Single Assessment Summary – Rating by Outcome Category**

- **Behavoral Health**
- **Physical Health**
- **Safety**
- **Housing**
- **Language and Literacy**
- **Education**
- **Employment**
- **Resource Management**
- **Public Benefits**
- **Life Skills**
- **Legal**
- **Immigration**
- **Social Support**
- **Parenting**

Bar chart showing ratings for different outcome categories.
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.

Date range: 1/1/2020 to 4/20/2020
Number of clients: 2
Average rating: 3.2
Range: 2.0 to 4.5

Outcome Category | Average Summary Rating
--- | ---
Behavioral Health | 2.8
Physical Health | 2.1
Safety | 3.0
Housing | 3.3
Language and Literacy | 4.5
Education | 2.3
Employment | 2.0
Resource Management | 4.0
Public Benefits | 4.3
Life Skills | 3.3
Legal | 3.5
Immigration | 4.5
Social Support | 2.8
Parenting | 2.5

Average Summary Ratings Across Clients by Outcome Category
Most recent assessment for each client during selected date range
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
Table of Contents

3 About this guide
4 About the OHTS
5 Technical Specifications
6 What Is the Purpose of the OHTS?
7 How Was the OHTS Developed and Tested?
8 How Should Programs and Case Managers Prepare to Use the OHTS?
9 Using the OHTS
10 Who Should Complete the OHTS?
10 When Should Case Managers Complete the OHTS?
11 How Do Case Managers Complete the OHTS?
12 OHTS Client Data Displays
13 How Does the OHTS Display Client Data?
16 How Can We Do More with OHTS Data?
18 Key Term Definitions
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.
Stacey Cutbush Starseed
scutbush@rti.org

Human Trafficking Research, Evaluation, & Training and Technical Assistance | RTI
The Modern Slavery Core Outcome Set (MSCOS)

Dr Sian Oram
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

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

Phase 1
- 'Outcome Generation'
  - Three literature reviews, 43 survivor interviews = 1,241 outcomes
- Creating a longlist, removing duplicates, merging similar outcomes = 72 outcomes

Phase 2
- Three round E-Delphi survey = 14 outcomes
- Final consensus workshop = 7 outcomes

Core Outcome Set (MS-COS)
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.


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/


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 Jalmisco, 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
MSCOS Community of Practice

Some examples of academic and practice models

**Positive Outcomes Framework for children**
ECPAT UK, University of Sheffield Hallam

**Lundy model for children**
Belfast University, European Commission, NRM Handbook

**In3 Project**
Explore integrating public health and crime science approaches to trafficking prevention and harm reduction in the UK
Wellcome Trust, University College London’s Institute for Global Health and the Jill Dando Institute (JDI) for Security and Crime Science

**SIPPS: Systemic Investigation, Protection and Prosecution Strategy**
Craig Barlow Consultancy & Training

**Core outcome set on Child maltreatment and domestic violence**
University of East London and UK Home Office
How do we take the MSCOS forward?

**Harnessing expertise**
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.

**Building bridges internationally**
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**.

**Funding for further research**
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**.

**Learnings from other projects**
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

- Survivor leaders: finding purpose in life and self-actualization (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)
THANK YOU

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