Fair Futures

The Potential of Peer Support in Recovery from Modern Slavery: A Rapid Review.

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Executive Summary

"Peer support is an approach for supporting recovery, in which individuals with lived experience provide practical and emotional support to others who are navigating similar challenges."

Survivor Connections was established in 2023 by survivors of modern slavery in Australia, in response to the need for peer connection and independent survivor advocacy. Peer support within Survivor Connections initially started as friends helping each other informally. However, as the community's needs grew in number and complexity, it became apparent that a more structured approach was necessary. This paper was prepared by Fair Futures to support Survivor Connections in developing an evidence-based framework for delivery of peer support by and to survivors of modern slavery in Australia.

Peer support is an approach for supporting recovery, in which individuals with lived experience provide practical and emotional support to others who are navigating similar challenges. Peer support is applied in many contexts, including initiatives seeking to support people experiencing challenges such as migration, mental health, trauma, substance abuse, domestic violence, homelessness and disability. The potential of peer support to contribute to the recovery of survivors of modern slavery is not yet well understood. This paper seeks to contribute to filling that gap. Drawing on a rapid review of peer-reviewed literature, this paper summarises:

1) what peer support is and how it works;

2) benefits and challenges of peer support; and

3) recommendations for putting peer support into practice in a modern slavery context.

The review confirms that lived experience, reciprocity and the mutual exchange of benefits in the recovery process are key characteristics of peer support. The purposes of peer support are to build engagement, in the sense of building trust, reducing isolation and increasing engagement with services, and to provide emotional support, in the sense of building empowerment, hope, comfort and again, trust. The research confirms that the benefits of peer support extend to both those providing and receiving support. Key benefits for service receivers include enhanced autonomy, relatedness, and competence, which, in turn, can change negative emotions to positive ones and reshape self-perceptions. Providers of peer support also experience positive emotions

and a shift in self-perception, as they transform a traumatic experience into a valuable asset for another's recovery.

The review provides useful insights into some of the common challenges that arise in the delivery of peer support, and ideas for overcoming these. Key challenges for those providing peer support include setting personal and professional boundaries, navigating role ambiguity, and addressing feelings of isolation from non-peer staff who may overlook the value of their work. To address these challenges, three recommendations emerged from the literature:

1) ongoing training for both peer support providers and non-peer staff;

2) clearly defined job roles, performance guidelines and supervision of peer support providers; and

3) the establishment of working partnerships between lived-experience peer support networks and formal service providers.

The review confirms there is a wealth of evidence and experience to draw on internationally, regarding peer support in contexts that are directly linked to modern slavery, such as domestic violence, homelessness, mental health and victimisation. The findings are broadly applicable to the context of modern slavery, and the recommendations derived from the literature could usefully be applied, as Survivor Connections seeks to develop its peer support framework.

Table of Contents

Introduction

"Survivor community is crucial. To be seen and supported without stigma, sensationalism and shame by others who have shared similar experiences is so powerful. It makes me feel seen, it reminds me of my strength." (Survey participant. Survivor Connections, 2025)

Peer support leverages shared experiences, enabling individuals who have endured similar challenges to offer empathy, understanding, and practical guidance to one another (Cooper et al., 2024). Peer support is promoted by the World Health Organisation as a person-centred and rights-based approach to mental health services (WHO, 2021). Consistent with this approach, the Australian government has recognised peer support as a priority in mental health and suicide prevention, as "peer workers can improve a service or organisation's culture and enhance its recovery focus" (DoH, 2021, p3). Peer support is also widely applied in other contexts related to modern slavery, such as trauma recovery, substance abuse, migrant workers, prison spaces, domestic violence, homelessness and disabilities. For example, in December 2024, Australia's National Disability Insurance Scheme awarded $40 million to 69 organisations for community-based peer support and capacity-building support (NDIS, 2024). Whilst research on peer support in modern slavery contexts remains scarce, evidence from related fields highlight its potential as a valuable tool for recovery and reintegration.

Modern slavery encompasses a range of exploitative practices, including forced labour, human trafficking, debt bondage and domestic servitude, leaving survivors with profound physical and psychological scars (Australian Government, 2025). An estimated 41,000 individuals in Australia are in modern slavery (GSI, 2023). In various fields of health and social care that are closely related or adjacent to modern slavery, peer support has proven effective for supporting the recovery of individuals who have faced trauma or challenging life circumstances. Peer support workers take on a variety of roles that are tailored to the needs of their peers, including: recovery facilitation, social integration, education, community integration, vocational support, accommodation support, transitional support and assisting people to access and manage social funds (Zeng, 2021). This is said to foster confidence in interactions with others, enable re-connections with families and access to services, and build hope (Zeng, 2021). Research has also noted the role that peers can play in "sensemaking" following victimisation (van de Ven, 2021). That is, the processes of normalisation and recognition inherent in giving and receiving support to someone with a similar experience, creates opportunities for making sense of a life changing experience. In the context of modern slavery, where survivors often grapple with complex psychological, social, and practical challenges, peer support may offer unique benefits (Clawson et al., 2008). However, despite its growing recognition in related fields,

research specifically examining peer support for survivors of modern slavery remains sparse.

Traditional medical, social and legal service providers, while essential, may struggle to fully address the multifaceted needs of modern slavery survivors. The complex trauma experienced by survivors often requires approaches that go beyond conventional therapeutic models. The potential of peer support lies in its ability to integrate lived experience into the design and delivery of support services. For example, Robertson et al. (2025) undertook collaborative research with peer support workers to develop recommendations for how organisations can ensure peer support workers are supported, through training and development for peer and non-peer staff, team readiness and organisational structure. Approaches such as these enhance the relevance and impact of support interventions. However, peer support in a modern slavery context is not yet widely recognised, with no formal peer support framework currently being applied.

Survivor Connections, a survivor-led organisation, has provided peer support to 17 survivors on an ongoing basis, in addition to several one-off engagements since February 2023. Findings from their survey on survivor experiences and perspective of peer support indicate that survivors encounter systemic injustices in their recovery journey, notably stigma, stereotypes, racism, isolation, and poverty (Survivor Connections, 2025). In this context, peer support becomes crucial for survivors' recovery journey and their ability to access services. As survey participants note:

> *"Survivor community is crucial. To be seen and supported without stigma, sensationalism and shame by others who have shared similar experiences is so powerful. It makes me feel seen, it reminds me of my strength."*

> *"Every survivor's journey will look different, meaning that recovery is not a one-size-fits-all situation. We all have different experiences, experience recovery differently, and having a peer to help us along the way can be invaluable when navigating our way through the healing process."*

Since February 2023, Survivor Connections have been developing a formalised approach to peer support and are now seeking to establish a peer support framework that can be applied across the Australian anti-slavery sector. Fair Futures, a research consultancy specialising in modern slavery, has conducted a literature review on the latest academic research on peer support to support the development of their framework.

The following section details the method adopted for this rapid review. Then, findings are discussed regarding peer support's definition, scope of practice, benefits, and

challenges. Practical recommendations drawn from the literature are summarised, concluding with the review's limitations.

Method

Prior to defining any methodology for this review, a preliminary literature scoping was undertaken to inform our approach. This confirmed the existence of an enormous quantity of literature on peer support, including numerous recent systematic reviews of the existing literature. This helped us to identify the best approach to take for our formal literature review (which sought to leverage existing, high quality literature reviews) and to develop our eventual research questions and inclusion/exclusion criteria.

This review sought to answer the following questions:

      1) what peer support is and how it works;

      2) benefits and challenges of peer support; and

      3) recommendations for putting peer support into practice in a modern slavery context.

Given the project's time and resource constraints, a rapid review methodology was selected. This approach limited the literature search and inclusion criteria to facilitate timely knowledge synthesis, which is standard practice for these types of reviews (Tricco et al., 2015). When selecting papers for analysis, a simplified version of the PRISMA method was adopted (PRISMA, 2020).

Three databases were searched (PubMed, ProQuest, and Google Scholar) for peer-reviewed articles on peer support that relates to modern slavery. As there is extensive research published on peer support, only literature reviews were included to cover a greater number of studies, which would not have been possible with primary research papers. Thirty-four articles were initially selected based on titles reflecting peer support and topics directly linked to modern slavery, such as mental health, violence, and victimization. Articles focusing on people experiencing substance abuse, homelessness, and domestic violence, were excluded to maintain the rapid nature of the review. It is worth noting that the authors found no papers specific to peer support and modern slavery or human trafficking. Abstracts, then full texts, were also reviewed. Sixteen articles were included in the final analysis because they met two or more of the following criteria:

      1) addressed the research questions;

      2) covered characteristics associated with vulnerability to modern slavery;

      3) covered an ILO forced labour indicator;

      4) covered potential impacts of modern slavery on individuals; or

5) offered a unique perspective.

See Appendix 1 for a detailed explanation on the paper selection process.

Thematic analysis was adopted to identify recurring patterns and themes within the selected literature reviews, including similarities, differences, gaps, and connections. The initial coding framework was deductive, guided by the research questions (e.g. benefits to individuals). Subsequently, an inductive approach was adopted to refine and develop themes that specifically addressed each question (e.g., shift in emotions, self-perception) (Bryman, 2016).

Findings and discussion

The following findings were drawn from the 16 articles selected. These 16 articles used a variety of review methodologies, including meta-analysis (n=1), systematic reviews (n=5), scoping reviews (n=7), general review (n=1), concise review (n=1), and a combination of meta-analysis and systematic review (n=1). The number of studies included in the literature reviews analysed in each paper ranged from 8-60, with one paper not specifying this information. They all focused on peer support and covered topics of mental health (n=11), mental health and addiction (n=1), victimisation (n=1), sexual abuse and assault (n=1), disadvantaged groups (n=1), and violence (n=1). See Appendix 2 for a summary of the articles analysed.

What peer support is and how it works

Understanding peer support

The literature consistently defines the foundation of peer support as being provided by individuals with lived experience similar to those they are supporting. These definitions emphasise the use of experiential knowledge to provide emotional and social support in the context of recovery (Cooper et al., 2024; Richard et al., 2022; Opie et al., 2024; Ho et al., 2022; Mikolajczak-Degrauwe et al., 2023; de Beer et al., 2024; Mutschler et al., 2022; Zeng & McNamara, 2021). In addition, many articles highlighted the reciprocal nature of peer support, where there is a mutual exchange of benefits in the recovery process between the provider and receiver of peer support (Shalaby & Agyapong, 2020; Konya et al., 2020; Watson, 2019; Smit et al., 2023; Burke et al., 2019; van de Ven et al., 2023). A consistent definition of peer support is applied across diverse topics, including mental health, victimisation, sexual abuse and assault, disadvantaged groups, and violence. Given the intersection between modern slavery and these topics, these defining factors of peer support could also be applied to a modern slavery context.

The reviewed literature advocates that peer support is grounded in an approach that puts recovery at the centre (Shalaby & Agyapong, 2020; Smit et al., 2023; de Beer et al., 2024; Opie et al., 2024; Zeng & McNamara, 2021). The traditional medical approach is seen as hierarchical, top-down and focused on treating an individual, whereas a recovery-orientated approach prioritises reciprocity and a person-centred recovery. As such, peer support shifts the narrative from an illness story that necessitates treatment, to a recovery story that necessitates nurture (van de Ven et al., 2023). Peer support is thus a core principle of trauma-informed care (Edelman, 2023). This is an important consideration given that Evans et al.'s (2022) systematic review found that 41% of modern slavery survivors had complex post-traumatic stress disorder and 14% had post-traumatic stress disorder. However, within the context of modern slavery, a peer support model could extend beyond medical settings, providing support for survivors navigating cross-sectoral services essential to their recovery and wellbeing, such as housing, legal aid, and immigration support. For example, a survey conducted by Survivor Connections demonstrates the cross-sectoral nature of modern slavery recovery. They found that among the 20 participants, 85% experienced challenges with mental health, 60% with housing, 55% with access to education or employment, 50% with medical needs, and 20% with visa security (Survivor Connections, 2025).

Roles and tasks of peer supporters

The distinction drawn in the literature between services delivered within a traditional medical model and peer support, which takes a recovery-orientated approach, should not be taken to mean that medical treatment and health services are not valued or needed. Rather the research emphasises that peer support complements and enhances, rather than replaces, established clinical care and other formal services (Mikolajczak-Degrauwe et al., 2023; Smit et al., 2023; Shalaby & Agyapong, 2020).

The literature largely focuses on the engagement and emotional support role of peer support providers. The engagement role involves building trust, reducing isolation, and engaging people in services, while the emotional role contributes to empowerment, hope, comfort, and again, building trust (Cooper et al., 2019; Mikolajczak-Degrauwe et al., 2023; de Beer et al., 2024; Konya et al., 2020; van de Ven et al., 2023; Shalaby & Agyapong, 2020; Smit et al., 2023; Charles et al., 2020; Burke et al., 2019; Mutschler et al., 2022). The capacity for peer support providers to perform instrumental and expressive tasks appears to be particularly important in the recovery process. For example, a paper written by a survivor of modern slavery in Australia noted the changing needs throughout the recovery process, from securing housing and financial assistance for medical care, to the need for acknowledgement of one's experience and developing new relationships (S, 2024). Furthermore, a Survivor Connections survey illustrates the importance of these roles, finding that 90% of participants reported that peer support helped to give them a sense of connection (to talk, problem

solve and debrief with), and 60% had received crisis support (Survivor Connections, 2025).

The tasks performed by peer supporters are diverse. The literature gives evidence of the broad range of tasks peer supporters perform, including coaching, crisis intervention, facilitating access to appropriate benefits, developing peer support programs, attending appointments, and practical assistance with daily living activities like shopping and laundry. While the effectiveness of these instrumental tasks in promoting recovery was rarely measured in the articles, one paper noted that peer support providers are more successful in achieving immediate basic needs rather than long term goals (Webb et al., 2024). Furthermore, there is wide variation in how peer support is applied. Peer support can be paid or voluntary, occur in various settings (in person, online, or by phone), involve different interaction formats (one-on-one, or group), consist of regular or occasional meetings, and be delivered through formal or informal initiatives. Mikolajczak-Degrauwe et al. (2023) summarise that "Peer support...is complex, inconsistent, and diverse in its application".

Benefits and challenges of peer support

Benefits of peer support to individuals

The Basic Psychological Needs (BPN) framework argues that individuals have three fundamental needs that are crucial for motivation and wellbeing: autonomy, relatedness, and competence (Deci & Ryan, 2000). For service receivers, the impact of peer support on autonomy was described as experiences of empowerment, self-efficacy, and learning how to set boundaries (Cooper et al., 2024; Shalaby & Agyapong, 2020; Charles et al., 2020; de Beer et al., 2024; Burke et al., 2019; van de Ven et al., 2023; Mutschler et al., 2022; Richard et al., 2022; Konya et al., 2020). Relatedness was detailed in terms of rebuilding the capacity to take on relationships following the trauma of victimisation, building new relationships and social integration, thus mitigating social isolation and loneliness (Konya et al., 2020; van de Ven et al., 2023; Shalaby & Agyapong, 2020). This reduction in isolation is facilitated by the unique dynamic of the peer support relationship, where the service user experiences validation of their feelings and circumstances due to the peer supporter's shared lived experience (de Beer et al., 2024; van de Ven et al., 2023).

Competence for service receivers emerged as the ability to access information and resources, alongside changing attitudes regarding engagement with medical and social services (Richard et al., 2022; Konya et al., 2020; Mikolajczak-Degrauwe et al., 2023; Ho et al., 2022; de Beer et al., 2024). The literature found that peer supporters play an important role in providing vital information and resources (Konya et al., 2020), alongside connecting peer support receivers with formalised services that they can face numerous barriers to accessing (Richard et al., 2022; Mikolajczak-Degrauwe et al., 2023). As such, peer support providers act as a bridge between the individual and

traditional service pathways. The Survivor Connections survey illustrates the relevance of these findings, with two participants noting barriers to access or effectively engaging with services (Survivor Connections, 2025):

> *"The only reason I have been able to access services was because another survivor introduced me to them. There are several other survivors who were only able to access support because of me."*

> *"The current power structures and government institutions do not serve survivors well. Poverty and limited social mobility are barriers for many people."*

Improvements in motivation and wellbeing, as a result of autonomy, relatedness, and competence, were reflected in the reviewed articles through a shift in emotions and self-perceptions. The literature documented a reduction in negative emotions, such as loneliness, anxiety, and stress, alongside an increase in positive emotions, including happiness and hope (Richard et al., 2022; Mikolajczak-Degrauwe et al., 2023; Cooper et al., 2024; Shalaby & Agyapong, 2020; Watson, 2019; Smit et al., 2023; de Beer et al., 2024; Mutschler et al., 2022). Hope was a particularly key outcome in the literature, as a process facilitated by the peer support provider, whose lived experience gives a real example of recovery. However, the magnitude of this shift differed in the literature. While most studies reported positive impacts on hope, Smit et al. (2023) found a significant positive short-term effect, but no significant long-term effects on hope (6-9 months). Furthermore, a shift in self-perception also emerged as a key theme. Studies indicated that receivers of peer support demonstrated acceptance of past experiences and exhibited increased self-esteem, respect, and confidence (Konya et al., 2020; de Beer et al., 2024; Richard et al., 2022; Mikolajczak-Degrauwe et al., 2023). These changes positively influence an individual's coping and recovery capacity.

Studies examining peer support in mental health contexts also reported on clinical outcomes, but the findings varied. For instance, Richard et al. (2022) documented a positive impact of peer group support on depression and anxiety, whilst Smit et al. (2023) found a small but significant improvement in clinical recovery except for individuals with depression. Cooper et al. (2024) noted there was "consistent evidence from meta-analyses" (that is, reviews that include a statistical or quantitative synthesis of results) that peer support may improve the clinical outcomes of perinatal depression and risk of hospitalisation of adults with severe mental illness, as well as recovery outcomes, self-efficacy and stigma-related outcomes. But there were mixed results for clinical outcomes of overall psychiatric symptoms in adults with serious mental illness, psychosis symptoms, length of hospital stay and patient activation. In contrast, systematic reviews without meta-analyses (that is, reviews that are qualitative) gave a mixed picture regarding clinical outcomes but "indicated more consistent evidence that peer support has a positive impact on recovery, suicidal ideation, and to some degree, satisfaction with care" (Cooper et al., 2024). Given the complex trauma

experienced by survivors of modern slavery (Clawson et al., 2008), alongside related mental health challenges (Evans et al., 2022), these findings underscore the importance of viewing peer support as a complementary, rather than substitutive, to traditional medical treatments.

When considering the evidence on effectiveness of peer support, it is important to take into account the methodology, area of focus and context of the research. For example, Cooper et al.'s (2024) systematic umbrella review noted that when only systematic literature reviews with meta-analyses were considered (that is, reviews that include a statistical or quantitative synthesis of results), there was no conclusive evidence to determine that peer support improves relational outcomes for receivers of peer support, such as social support and networks. However, when the evidence from systematic reviews that were *qualitative* was considered, the findings in support of peer support were stronger. Cooper et al. (2024) noted this mixed pattern of results across clinical outcomes, recovery outcomes and psychosocial outcomes. The authors were careful to refer to the heterogeneity (diversity in character or content) of the studies they considered, which included low-quality methodologies, differences in the populations included/control groups, and poor specification of peer support roles or the content of interventions delivered. The authors conclude that "the mixed results must be understood not only in the context of the heterogeneity of the quantitative research conducted thus far, but with regard to the qualitative evidence documenting strong support for this intervention" (Cooper et al., 2024, p40). Whilst the evidence regarding the positive impact on service receivers is mixed among the 16 papers analysed, overall, the weight of evidence leans considerably towards positive outcomes.

Mutual exchange of benefits in the recovery process is a fundamental feature of peer support. As such, benefits extend to peer support providers as well, particularly in terms of relatedness and competence. Regarding relatedness, the research reported an improvement in social functioning and social inclusion following peer support (Charles et al., 2020; Cooper et al., 2024). Supporting and serving others led to a changed perception in self-worth, as peer support providers were able to transform a traumatic experience into a valuable asset that serves in another's recovery (Watson, 2019). Providers' competence manifested through both personal and professional growth, whereby supporters demonstrated a therapeutic use of self-enhancing responsibility, and were able to build job skills and develop career goals (Shalaby & Agyapong, 2020; Ho et al., 2022; Opie et al., 2024; Cooper et al., 2024). Improvements in motivation and autonomy were similar to those of service receivers, particularly in terms of self-perception. The literature noted peer support providers felt greater self-esteem, acceptance, worth and confidence (Cooper et al., 2024; Shalaby & Agyapong, 2020; Ho et al., 2022; Opie et al., 2024).

Lived experience was pinpointed as a key facilitator of the positive impacts observed in peer support interventions. By virtue of their shared lived experience, peer support providers possess a unique understanding of service receivers' needs and

perspective, and therefore are positioned to provide informed support. Moreover, this shared experience enables the establishment of a non-hierarchical and non-judgmental space (Watson, 2019; de Beer et al., 2024; Opie et al., 2024). Lived experience is therefore both fundamental to what peer support is, and to achieving positive impacts. However, it is important to note that Watson (2019) found that some receivers of peer support perceived their peer supporters as "enforcing a power dynamic, or as being controlling." Therefore, it is deterministic to assume that lived experience automatically translates into a non-hierarchical relationship with universally positive impacts. Like any recovery intervention, peer support has unique challenges to navigate as discussed below.

System level benefits of peer support

While the majority of articles examining the benefits of peer support focused on individual-level impacts, several papers noted positive effects on healthcare and social systems. A frequently cited benefit was the cost-effectiveness of peer support programs. These programs are generally less expensive to implement than traditional medical models of treatment, and can also contribute to reduced relapse and readmission rates (Opie et al., 2024; Webb et al., 2024; Shalaby & Agyapong, 2020; Smit et al., 2023; Charles et al., 2020; de Beer et al., 2024; van de Ven et al., 2023). For example, Webb et al.'s (2024) study that evaluated a hospital-based violence intervention program found a 43% to 95% reduction in hospital readmissions for participants due to violence-related injuries. Although not explicitly stated in the literature, it is reasonable to infer that such systemic benefits are dependent upon achieving positive individual outcomes.

Challenges to peer support systems

Emotional support is a core role of peer supporters, who contribute to empowerment, hope, comfort, and the cultivation of trust. However, shared lived experience and resulting authentic connections, while beneficial, were identified in some studies as contributing to challenges in peer support providers establishing personal and professional boundaries (Cooper et al., 2024; Charles et al., 2020; de Beer et al., 2024). The combination of emotional labour and challenges with boundary setting were cited by some papers as increasing the risk of burnout for peer support providers (Watson, 2019; de Beer et al., 2024; Zeng & McNamara, 2021). Whilst this is a recognised concern, attributing burnout to these individual-level factors may be an oversimplification when considering the influence of broader structural challenges, as outlined below.

A prominent challenge identified in the literature is role ambiguity. Peer support providers undertake a broad range of tasks to meet the evolving needs of service receivers. Such ambiguity can create tension between peer support providers and their non-peer colleagues. The literature reports that peer support providers

experience feelings of exclusion, isolation, and being undervalued within formal healthcare settings (Shalaby & Agyapong, 2020; de Beer et al., 2024; Zeng & McNamara, 2021; Mutschler et al., 2022; Watson, 2019). This is sometimes attributed to role ambiguity and unclear task boundaries. Existing in a liminal space between service receiver and provider, without a clearly defined role, can create challenges when taking on these responsibilities. Notably, non-peer staff can reject peer support providers because they do not fully understand the boundaries of the role and value in working together (Zeng & McNamara, 2021; Opie et al., 2024; Shalaby & Agyapong, 2020; Mutschler et al., 2022). An alternative perspective highlights professional stigma within the traditional medical model, where a hierarchical structure that favours education can discount the contributions of peer supporters due to their lack of medical training (Mutschler et al., 2022). Some papers further noted that role ambiguity, alongside the undervaluing of peer support, risks current peer support programs being viewed as tokenistic (Cooper et al., 2024; Opie et al., 2024).

Recommendations for putting peer support into practice

Successful implementation of peer support requires both cultural and operational readiness within cross-sectoral organisations, as emphasised in the literature. While some argue for full integration of peer support into the existing medical and service provider model (Mutschler et al., 2022; Zeng & McNamara, 2021), others, particularly those focusing on lived experience organisations, advocate for maintaining their autonomy while collaborating (Opie et al., 2024). The reality is that peer support is diverse in its application and context, and when organisations collaborate, finding a balance between independence and engagement that works for both is key. Nevertheless, the literature offers the following best practices.

Firstly, training was a significant mechanism cited by the majority of papers to overcome several challenges to peer support programs (Cooper et al., 2024; Opie et al., 2024; Shalaby & Agyapong, 2020; Ho et al., 2022; Mikolajczak-Degrauwe et al., 2023; Charles et al., 2020; de Beer et al., 2024; Mutschler et al., 2022; Zeng & McNamara, 2021). The articles emphasised that peer support providers need training to aid in fulfilling their job role whilst managing their own recovery (Cooper et al., 2024; Opie et al., 2024; Mutschler et al., 2022). The most important outcome of training cited was to learn how to manage relationships and set boundaries (de Beer et al., 2024; Ho et al., 2022; Mutschler et al., 2022). This could contribute to overcoming issues identified above like burnout and role ambiguity. One paper also suggested that training should include psychosocial support and communications skills, which should be done prior to starting work and on an ongoing basis (Ho et al., 2022.). Training is also important for non-peer staff, particularly in understanding what is included in the peer support role and the value that it can bring (Cooper et al., 2024; Opie et al., 2024; de Beer et al., 2024; Mutschler et al., 2022). Training can thus help nurture a culture that places high value on the expertise of people with lived experience, and diminish the current reports of exclusion, isolation, and undervaluation.

Secondly, clearly defined job roles, high quality supervision and performance guidelines are essential for peer support providers. Effective clinical or peer supervision ensures that peer support providers are empowered and recognised as valued members of the team (Cooper et al., 2024; Opie et al., 2024; Ho et al., 2022; de Beer et al., 2024; Mutschler et al., 2022). Furthermore, close supervisor-supervisee relationships can enhance staff relations, ensuring integration between peer support staff and their non-peer colleagues (Opie et al., 2024), which may contribute to the successful integration of recovery-oriented approaches within more traditional models.

Thirdly, working partnerships should be established between lived-experience peer support networks and formal service providers, such as medical, social, and legal providers (Opie et al., 2024). While these entities may differ in structure and operational approach, fostering successful partnerships may involve professionalisation of lived experience organisations, such as developing policies, procedures, guidelines, and documented processes (Opie et al., 2024). On the other hand, service providers, such as medical and social, could benefit from incorporating lived experience leadership and involvement in decision-making processes (Mutschler et al., 2022). One study suggests that lived experience representation at the board level constitutes best practice for peer support programs (Opie et al., 2024).

Limitations of this review

Two key limitations of this rapid review are its methodology and generalisability to a modern slavery context. The paper's intent was to provide a high-level overview of peer support, including its definition, benefits, challenges, and general recommendations for implementation. The paper's purpose was not to provide granular insights on peer support program interventions. This intent, alongside time and resource constraints resulted in adopting a rapid review methodology. The literature search and inclusion criteria were limited, and articles that involved literature reviews were included, while individual studies were excluded. Similarly, decisions were made about which specific groups or conditions would be included or excluded. While the focus on literature reviews enabled the research team to cover a lot of ground in a limited time, the resulting synthesis is necessarily unable to capture a lot of the important details that would be found in the underlying studies. It is also possible that there was duplication in the articles reviewed. Broadening the inclusion criteria to include additional topics could offer a more comprehensive understanding of peer support initiatives relevant to modern slavery recovery.

At the time of writing, no peer-reviewed publications in English that focused on peer support and modern slavery were identified. Accordingly, this rapid review included papers focused on mental health, victimisation, and violence as sources to inform insights to develop a modern slavery peer support model. Given the intersection between these topics and modern slavery, coupled with the substantial number of

primary studies covered by the 16 included papers, the findings from this review provide a starting point for developing peer support in the modern slavery context. However, further research and evaluation will be needed over time. Research evaluating a modern slavery peer support initiative could address a significant gap in the academic literature and would contribute to the understanding of peer-led interventions in modern slavery recovery. The Survivor Connections framework would be the first formalised peer support model of its kind in Australia and could form the basis for such research.

Conclusion

Peer support represents an important shift from a top-down hierarchical model to a reciprocal person-centred approach, grounded in lived experience, emotional and social support, and the mutual exchange of benefits. Informed by an initial scoping review of the literature, this rapid review synthesised 16 literature reviews on the topic, examining:

> 1) what peer support is and how it works;
>
> 2) benefits and challenges of peer support; and
>
> 3) recommendations for putting peer support into practice.

The evidence supports the benefits of peer support for peer support providers, receivers, and broader social and medical systems. While some benefits were shared between peer support providers and receivers, each group also experiences unique benefits specific to their role. These unique benefits, however, are only possible because of the mutual exchange grounded in the peer support relationship.

Like any recovery intervention, peer support has its own challenges. Challenges from the peer support providers perspective included setting boundaries, navigating unclear job roles, and feelings of isolation and being undervalued when working with non-peer staff. The literature identified three key recommendations to overcome these challenges and ensure successful implementation of peer support programs:

> 1) ongoing training for both peer support providers and non-peer staff;
>
> 2) clearly defined job roles, performance guidelines, and supervision for peer support providers; and
>
> 3) the establishment of working partnerships between lived-experience peer support networks and service providers.

No peer-reviewed research on peer support in the context of modern slavery was found. As such, research evaluating the impact and effectiveness of such a program would be the first of its kind, filling a gap in the academic literature.

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van de Ven, P. V., Leferink, S., Pemberton, A. (2023) The Key Characteristics and Role of Peer Support in the Aftermath of Victimization: A Scoping Review. *Trauma Violence Abuse,* 24(2): 899-912.

Watson, E. (2019) The mechanisms underpinning peer support: a literature review. *Journal of Mental Health,* 28(6): 677-688.

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Appendix 1 - Detailed paper selection process

Prior to selecting papers for analysis, a preliminary literature scoping was conducted by Sherry Wanjiru to determine the nature and extent of existing research. This preliminary scoping confirmed the existence of extensive literature on peer support, on topics including mental health, trauma recovery, substance abuse, migrant workers, prison spaces, domestic violence, homelessness and disabilities, and also the existence of numerous recent systematic reviews of the literature. This scoping informed the development of the research questions, and subsequent methodological decisions, such as only including literature reviews and the inclusion/exclusion criteria.

When selecting papers for analysis, a simplified version of the PRISMA method was adopted (PRISMA, 2020). Paper selection was conducted by Shannon Hobbs and quality checked by Fiona David. The process for paper selection is outlined in detail below in **Diagram 1**.

Throughout the title screening process and the abstract screening process, a two-step inclusion/exclusion criteria was applied. These are outlined in **Diagram 2** below.

Results from the review were written up by Shannon Hobbs, quality checked by Fiona David and copy edited by Tahlia McDonald.
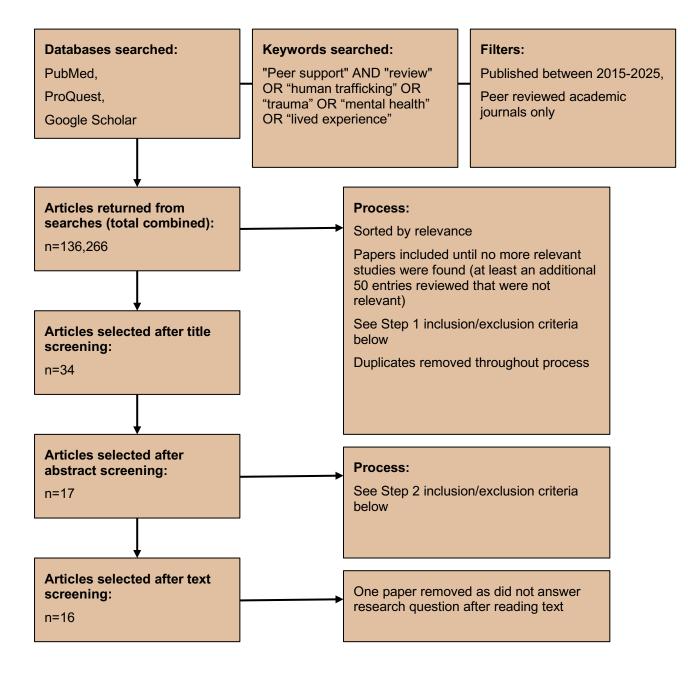
Diagram 1: Search Process

Databases searched:

PubMed,

ProQuest,

Google Scholar

Keywords searched:

"Peer support" AND "review" OR "human trafficking" OR "trauma" OR "mental health" OR "lived experience"

Filters:

Published between 2015-2025,

Peer reviewed academic journals only

Articles returned from searches (total combined):

n=136,266

Process:

Sorted by relevance

Papers included until no more relevant studies were found (at least an additional 50 entries reviewed that were not relevant)

See Step 1 inclusion/exclusion criteria below

Duplicates removed throughout process

Articles selected after title screening:

n=34

Articles selected after abstract screening:

n=17

Process:

See Step 2 inclusion/exclusion criteria below

Articles selected after text screening:

n=16

One paper removed as did not answer research question after reading text

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Diagram 2: Screening Process

Step 1 - Title Screening	
Inclusion criteria	**Exclusion criteria**
- Type of literature review - Peer reviewed article - Published between 2015-2025 - Peer support for mental health, violence, disadvantaged groups, victimisation, migrants	- Peer support in the form of friendships - Peer support for characteristics not linked to modern slavery. E.g., trauma from a physical injury, specific illnesses e.g. dementia, stroke, cancer, bereavement, perinatal - Peer support for domestic violence, substance abuse, homelessness, people with disabilities, refugees
Step 2 - Abstract Screening	
Inclusion criteria	**Exclusion criteria**
- Fully or partially answer the research questions - Covers one of the following: - Characteristics of people who may be more vulnerable to modern slavery (e.g. socially disadvantaged) - ILO indicators of forced labour (e.g. physical and sexual violence) - What happens during modern slavery (e.g. violence, control) - Impacts modern slavery can have on people (e.g. mental health)	- Published before 2020, unless the article gave a unique angle - Impact on the individual was a specific type of mental health rather than general mental health (e.g. suicide, depression, severe mental illness) - Articles with a sole focus on mental health but reviewed a smaller number of papers relative to others (n=4). This was to reduce the weight of evidence on mental health in the review.

Appendix 2 - Summary of articles reviewed

Title	Number of studies included	Year range of database search	Types of sources included	Type of review	Focus (group or organisation)	Topic
Burke, E., Pyle, M., Machin, K., Varese, F., & Morrison, A. P. (2019) The effects of peer support on empowerment, self-efficacy, and internalized stigma: A narrative synthesis and meta-analysis. *Stigma and Health,* 4(3): 337–356	23	From database inception - April 2017	Peer reviewed	Meta-analysis	18+ years of age	Mental health Empowerment, self-efficacy, and internalized stigma
Charles, A., Thompson, D., Nixdorf, R., Ryan, G., Shamba, D., Kalha, J., Moran, G., Hiltensperger, R., Mahlke, C., Puschner, B., Repper, J., Slade, M., Mpango, R. (2020) Typology of modifications to peer support work for adults with mental health problems: systematic review. *Br J Psychiatry* 216(6): 301-307	39	From database inception - July 2018	Not explicitly stated	Systematic review	18+ years of age Primary diagnosis of mental illness	Mental health
Cooper, R. E., Saunders, K. R. K., Greenburgh, A., Shah, P., Appleton, R., Machin, K., Jeynes, T., Barnett, P., Allan, S. M., Griffiths, J., Stuart, R., Mitchell, L., Chipp, B., Jeffreys, S., Lloyd-Evans, B., Simpson, A., Johnson, S. (2024) The	35	2012 - 2022	Peer reviewed	Systematic umbrella review	Children, young people and adults with a mental health condition (including substance use disorders)	Mental health

Title	Number of studies included	Year range of database search	Types of sources included	Type of review	Focus (group or organisation)	Topic
effectiveness, implementation, and experiences of peer support approaches for mental health: a systematic umbrella review. *BMC Med,* 22(72): 1-45						
de Beer, C. R. M., Nooteboom, L. A., van Domburgh, L., de Vreugd, M., Schoones, J. W., Vermeiren, R. R. J. M. (2024) A systematic review exploring youth peer support for young people with mental health problems. *Eur Child Adolesc Psychiatry,* 33(8): 2471-2484	24	2014 – 2022	Peer reviewed	Systematic review	People aged 8–26 with mental health problems	Mental health
Van de Ven, P, Leferink, S., Pemberton, A. (2023) The Key Characteristics and Role of Peer Support in the Aftermath of Victimization: A Scoping Review. *Trauma Violence Abuse,* 24(2): 899-912	16	From database inception - search date (search date not explicitly stated)	Peer reviewed	Scoping review	Victims and survivors of crime (incl. sexual abuse and domestic violence), traffic accidents, calamities, suicide, and veterans	Victimisation
Ho, K. H. M., Yang, C., Leung, A. K. Y., Bressington, D., Chien, W. T., Cheng, Q., Cheung, D. S. K. (2022) Peer Support and Mental Health of Migrant Domestic Workers: A Scoping Review. *Int J Environ*	12	2001 - 2021	Peer reviewed, grey literature, news report (n=1)	Scoping review	18+ years old Migrant domestic workers	Mental health

Title	Number of studies included	Year range of database search	Types of sources included	Type of review	Focus (group or organisation)	Topic
Res Public Health, 19(13): 7617						
Konya, J.,& Perot, C., Pitt, K., & Johnson, E., Gregory, A., Brown, E., & Feder, G., & Campbell, J. (2020) Peer-led groups for survivors of sexual abuse and assault: a systematic review. *Journal of Mental Health.* 10: 1-13	8	From database inception - October 2019	Peer reviewed	Systematic review	Adult survivors of sexual abuse and assault	Sexual abuse and assault
Mikolajczak-Degrauwe, K., Slimmen, S. R., Gillissen, D., de Bil, P., Bosmans, V., Keemink, C., Meyvis, I., Kuipers, Y. J. (2023) Strengths, weaknesses, opportunities and threats of peer support among disadvantaged groups: A rapid scoping review. *Int J Nurs Sci.* 15:10(4): 587-601	45	1989 - 2020	Peer reviewed journals, books, book chapters, guidelines, and conference papers	Rapid scoping review	Young migrants, unsupervised minors, young adults with autism, people with (mental) health problems, foster/shelter families, vulnerable pregnant women, people outside the labour force, older adults, and homeless people	Disadvantaged groups Health and social services
Mutschler, C., Bellamy, C., Davidson, L., Lichtenstein, S., Kidd, S. (2022) Implementation of peer support in mental health services: A systematic review of the literature. *Psychol Serv.* 19(2): 360-374	19	From database inception - October 2019	Peer reviewed	Systematic review	Individuals seeking services for mental health	Mental health

Title	Number of studies included	Year range of database search	Types of sources included	Type of review	Focus (group or organisation)	Topic
Opie, J. E., Vuong, A. B., Maylea, C., Khalil, H., Brown, L., Macafee, A., Ket, B. A., Pearce, N., Guerin, N., McIntosh, J. E. (2024) Understanding Lived Experience Organizations: A Systematic Scoping Review of Organizational Elements and Characteristics. Psychiatric Services, 75(12): 1227-1256	60	2000 - 2022	Peer reviewed and non-peer reviewed	Scoping review	Lived experience organisations	Mental health
Richard, J., Rebinsky, R., Suresh, R., Kubic, S., Carter, A., Cunningham, J. E. A., Ker, A., Williams, K., Sorin, M. (2022) Scoping review to evaluate the effects of peer support on the mental health of young adults. BMJ Open. 12(8): e061336	17	From database inception - January 2021	Peer reviewed	Scoping review	People aged 18–25	Mental health Minorities
Shalaby, R.A.H. & Agyapong, V.I.O. (2020) Peer Support in Mental Health: Literature Review. JMIR Mental Health, 7(6): e15572	Not explicitly stated	Not explicitly stated	Not explicitly stated	General review	Not explicitly stated	Mental health Addiction
Smit, D., Miguel, C., Vrijsen, J. N., Groeneweg, B., Spijker, J., Cuijpers, P. (2023) The effectiveness of peer support for individuals	30	From database inception - December 2020	Randomized controlled trials	Systematic review and meta-analysis	Adults with a clinical or self-reported mental disorder diagnosis	Mental health

Title	Number of studies included	Year range of database search	Types of sources included	Type of review	Focus (group or organisation)	Topic
with mental illness: systematic review and meta-analysis. *Psychological Medicine,* 53: 5332–5341						
Watson, E. (2019) The mechanisms underpinning peer support: a literature review. *Journal of Mental Health,* 28(6): 677-688	13	From database inception - January 2017	Peer reviewed	Scoping review	People aged 18+	Mental health
Webb, L., Urban, K., Capps, N. (2024) Hospital Based Violence Intervention Programs Using Peer Support Specialists: A Concise Review. *J Trauma Nurs,* 31(3): 171-177	8	2017 - 2022	Peer reviewed	Concise review	Hospital-based violence interventions	Violence
Zeng, G., McNamara, B. (2021) Strategies Used to Support Peer Provision in Mental Health: A Scoping Review. *Adm Policy Ment Health,* 48(6): 1034-1045	28	2001 - 2020	Peer reviewed and grey literature	Scoping review	Peer providers	Mental health

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