



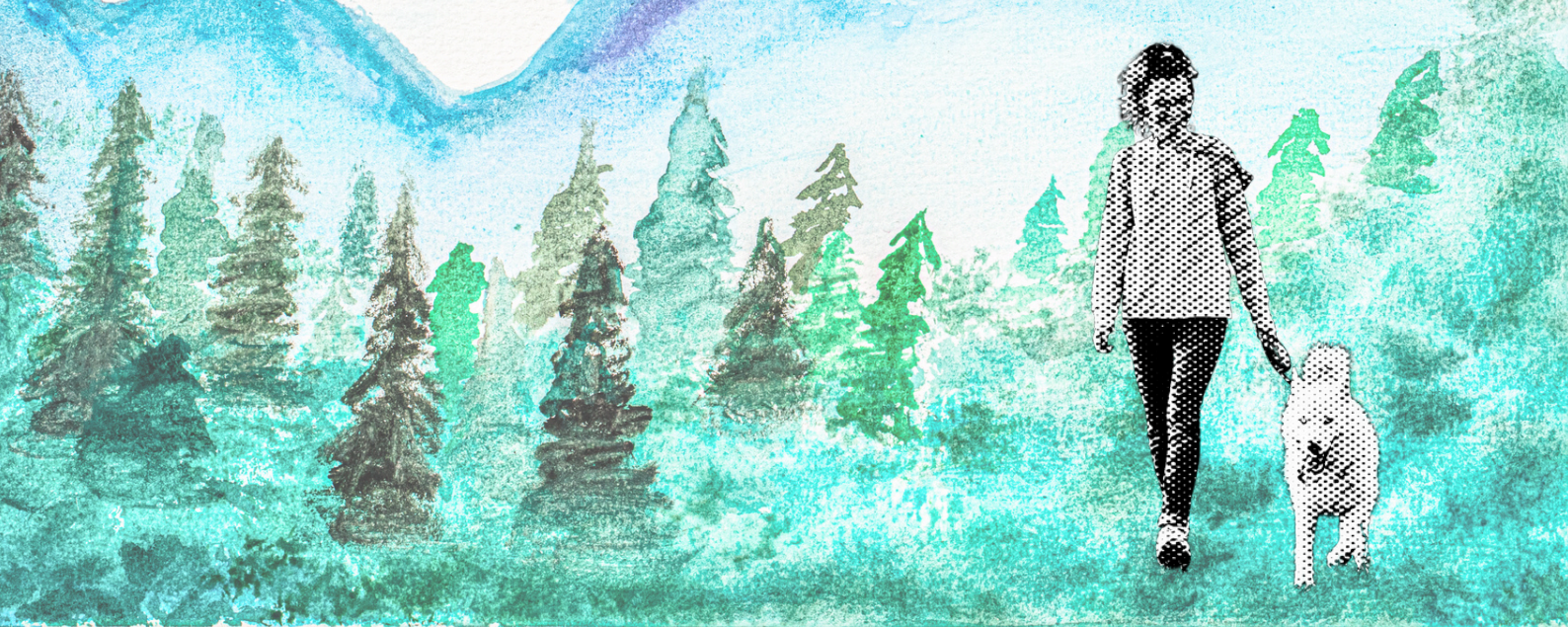
# **FACT SHEET: MODERN SLAVERY + MENTAL HEALTH SUPPORT**

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This fact sheet is authored by **Siobhan Church and Maya Esslemont for After Exploitation**, with editorial support from **Kimberley Hutchison** and **Dr Ndiweteko Jennifer Nghishitende**.

We share our thanks to those who provided testimony in the form of evidence submissions and interviews: Independent **lived experience expert Laura\***, **Anti-Slavery International**, **The Helen Bamber Foundation**, **Hope for Justice**, **The Medaille Trust**, **Snowdrop Project**, and **Dr Sian Oram of King's College London**. We also thank members of the **Panel of Experts with Lived Experience (PELE)** interviewed as part of After Exploitation's '[A can of worms](#)' report (2024), whose perspectives on mental health support are referenced heavily within this briefing.





## Overview

Survivors of modern slavery are more likely to experience serious mental health issues, including post-traumatic stress disorder (PTSD), depression and anxiety, than the wider public.<sup>[1]</sup> Yet, despite being entitled to support under international law, survivors in the UK are struggling to access the mental health support they need to aid their recovery.

Data obtained by After Exploitation shows that, last year, only 4% of adults referred as survivors of modern slavery went on to access counselling through the ring-fenced fund for victims of modern slavery, the Modern Slavery Victim Care Contract (MSVCC). As the provision of this counselling is unregulated, potentially even fewer are receiving the help that they need.

Adult survivors are not automatically eligible for MSVCC-funded mental health support, and must instead prove their mental health need, make a case for why waiting times are too long, and make it clear that their poor mental health is linked directly to their exploitation rather than associated factors or face being turned away from ring-fenced support. Meanwhile, those trying to secure support through the NHS face long waiting times and a lack of specialist support.

This fact sheet draws on testimonies from five modern slavery charities, four of which provide mental health services to survivors of exploitation, one academic practitioner specialising in modern slavery and clinical psychology, one expert with lived experience of exploitation, and the focus group testimonies of five experts with lived experience provided as part of After Exploitation's report 'A can of worms': Challenges and opportunities in gathering modern slavery evidence.

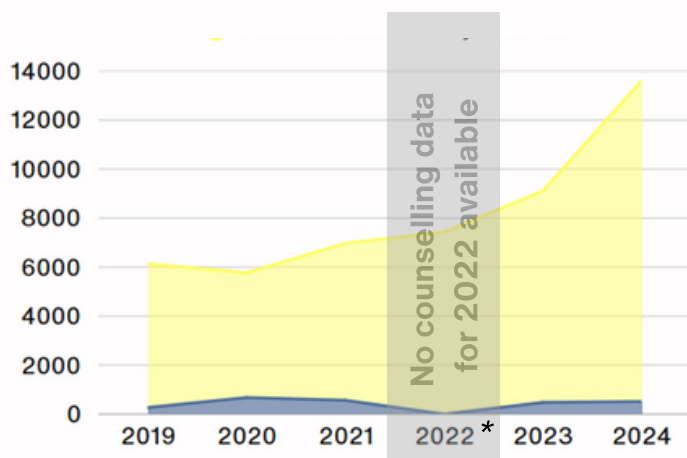
## Modern slavery + mental health need

Modern slavery is an umbrella term encompassing labour, sexual, and criminal exploitation, human trafficking, domestic servitude and organ trafficking. Survivors may be subjected to violence or threats of violence, sexual assault or abuse, coercive control, and/or grooming. Research outlines much higher rates of complex post-traumatic stress disorder (C-PTSD) (41%) and PTSD (14%) amongst survivors of modern slavery and human trafficking,<sup>[2]</sup> than in the general population.<sup>[3]</sup>

## Access to mental health support

Under international law, the UK must provide psychological assistance to survivors. In the UK, survivors of modern slavery access support services as part of their rights under the Council of Europe Convention on Action Against Trafficking (ECAT) if they are formally identified as potential victims of modern slavery through a decision-making process called the National Referral Mechanism (NRM). The NRM decides if somebody is a victim of trafficking or slavery. Under the NRM, Home Office decision-makers first decide if there are 'Reasonable Grounds' (RG) to believe someone is a victim of modern slavery and, if so, the potential victim becomes eligible for support through the Modern Slavery Victim Care Contract (MSVCC). However, in practice, very few potential victims and survivors are accessing counselling through this ring-fenced fund.

Data obtained by After Exploitation via Freedom of Information (FOI) outlines that only 4% of potential adult victims (n=515) accessed mental health support through the MSVCC in 2024.<sup>[4]</sup> [ANNEX A] This figure is much lower than in previous years, although the number accessing counselling through the MSVCC has never surpassed a high of 13% in 2019.



### Adult modern slavery referrals + MSVCC therapy

- Adult modern slavery referrals
- Counselling provided

*\*Counselling data obtained via FOI.  
\*Please note that MSVCC counselling data for 2022 is not available*





*When you're referred into the NHS, it's a long waiting list. If you have someone like me who's been trafficked for 11 years it's a long-term trauma. I can't just wait three years. I've not even had my counselling yet.*

**- Expert with lived experience of exploitation**



*When I talk about my mental health [the MSVCC contractor], nobody wants to know*

**- Expert with lived experience of exploitation**

Survivors are facing significant barriers to securing mental health support. The government does not automatically recognise all survivors with a positive RG decision as eligible for therapeutic assessment, despite there being a high likelihood of them requiring it, having experienced modern slavery. Survivors are also expected to gather paperwork, such as GP evidence of mental health needs and waiting times, without publicly available guidance on how decisions are made to reject funding requests.

Not all survivors are immediately ready to talk about their experiences, and many survivors' first experience disclosing mental health is with an MSVCC support worker rather than a professional guaranteed to have clinical experience. Some survey work undertaken by the previous Independent Anti-Slavery Commissioner, Dame Sara Thornton, found that some survivors are not engaging with mental health support because they are not ready to talk about their experiences or do not see the benefit.<sup>[5]</sup> However, research examining the case notes held by modern slavery charity Causeway found that need for 'mental health support' was mentioned by 83% of individuals.<sup>[6]</sup>

In our experience, as an organisation working alongside experts with lived experience of modern slavery, we receive testimonies from survivors who have asked for mental health support funded through the MSVCC, but have been unable to access it. As a result, they are left to try and secure NHS support, despite long waiting times following assessment.

## LAURA'S\* VIEW

Laura\* is a campaigner with lived experience of sexual exploitation. She has struggled to access talking therapy through the MSVCC in the four years she has been in the National Referral Mechanism (NRM), the UK government's system of identifying and supporting potential victims of modern slavery. She has requested mental health support through the NHS and MSVCC without success.

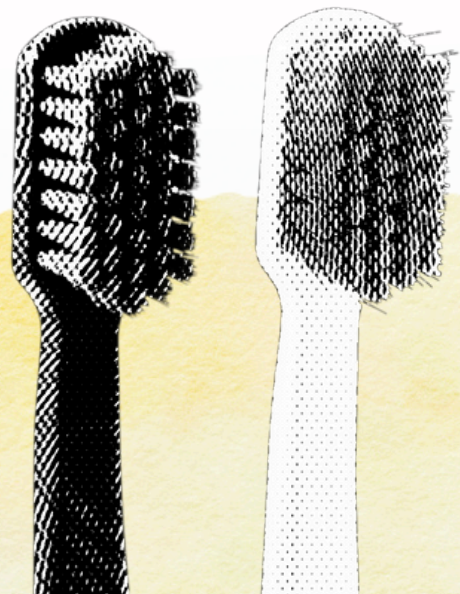
*"Everyone under the NRM is probably vulnerable and almost everyone has been through an extreme amount of trauma affecting every aspect of their lives... To be able to move forward in a positive way, counselling is [usually] needed."*

She was first told by her MSVCC support worker to reach out to her GP, but her GP lacked understanding of the effects of non-recent sexual exploitation, and refused to refer her for mental health support. Laura explained: *"In my experience, the NHS just throws medication at you."*

In order for Laura to access the appropriate form of therapy specific to her needs, she was required to demonstrate long NHS waiting times via evidence from her GP. After being dismissed by healthcare professionals, having to gather extensive amounts of evidence from the NHS to confirm inadequate support and long waiting times to satisfy the Home Office process has been a challenge.

*"My [MSVCC] caseworker says they can help, but the Home Office needs a letter from the NHS saying the counselling waiting list is a few years or more. But why should I, as a survivor, have to do all the hard work on top of being in the system and doing everything that's asked of me?"*

***If you can't get out of bed or brush your teeth... they're just asking you to do one more thing you can't cope with."***





When Laura built up the strength to secure a letter from her GP, evidencing her needs and the long waiting times, she was told by her MSVCC caseworker that she would now have to find her own counsellor, whilst providing evidence to the MSVCC charity and Home Office that Laura's chosen therapist was still accepting clients. Laura was told that her request may still be rejected. At this point, she gave up.

*"I just did not have the capacity. I tried my best to engage but I was struggling. It's like you have to jump over a load of hurdles and jump through a load of hoops."*

*"I look at all those emails back-and-forth and think 'what a waste of my time.'"*

Laura has since accessed some art therapy sessions and art supplies via After Exploitation. However, this form of support is not available via the MSVCC as only talking therapies are offered as standard. She believes all survivors should have access to support funded through the MSVCC, including mental health services, and that the types of care on offer should address a broader range of needs.



*The process needs to be trauma-informed. It needs to include options for different kinds of care, like art and dance, to suit peoples' individual needs.*

Like many others, Laura has experienced the impact of limits on MSVCC counselling and decades of underfunding of NHS specialist mental health support, which has caused her to look elsewhere for short term support.

Most survivors, like any other patients more broadly, are not automatically equipped to evaluate the quality of the care they are offered, and they should not be expected to have specialist knowledge in this area. Survivors of modern slavery and trafficking are entitled to good quality, evidence-based mental health provision, and putting this in place at the earliest opportunity is essential.





# BARRIERS TO ACCESSING MENTAL HEALTH SUPPORT

## 1. Culture of disbelief

An increasing number of survivors, of all nationalities, are being rejected from the NRM due to stricter evidence requirements brought in via the Nationality and Borders Act 2022.<sup>[7]</sup> Meanwhile recent changes to the modern slavery statutory guidance, impacting how victims of sexual exploitation are identified, restricts the number of victims officially recognised by the government and, therefore, who can access support.<sup>[8]</sup>

If a survivor receives a positive RG decision at the first decision-making stage of the NRM, this acts as a gateway to support via the NRM. 30 days later or more, the Home Office decides whether there are 'conclusive grounds' (CG) to believe they are a victim, at which point the survivor is exited from MSVCC support unless they are found to have further needs through a Recovery Needs Assessment (RNA). However, not all survivors eligible for a RNA receive one in practice, whilst some survivors have no knowledge of the support that has been requested. After Exploitation has long raised the data protection challenges associated with the NRM, including the lack of opportunity for survivors to input or have oversight of the types of support requested on their behalf via assessments within the MSVCC<sup>[9]</sup> or as part of their RNA.<sup>[10], [11]</sup>

## 2. Only support for 'relevant' trauma

Research shows that trafficking can result in 'complex layers' of trauma amongst victims and survivors.<sup>[12]</sup> Yet currently, practitioners interviewed as part of this briefing confirmed that the MSVCC only funds counselling for survivors where their mental health needs are related 'directly' to their experience of modern slavery. Explaining the many-sided impact of trauma on mental health is an impossible burden for survivors and their non-specialist support workers, which is leaving some without the support they need due to a cumulative burden of trauma.

Factors which amplify the impact of exploitation include survivors' age,<sup>[13]</sup> gender,<sup>[14]</sup> and previously facing persecution, conflict or displacement.<sup>[15]</sup> For these reasons, survivors' mental health needs can be more pronounced and complex than others affected by trauma, and frequently require specialist knowledge on the part of the therapist.<sup>[16]</sup>

The Home Office's statutory modern slavery guidance<sup>[17]</sup> does not specify whether adverse experiences relating to exploitation, such as separation from family, homelessness, isolation, imprisonment or fear of immigration reprisals, meet the threshold for survivors to access psychological assistance.



*The detailed criteria used by the Home Office and MSVCC to determine a survivor's eligibility for counselling are not explicitly outlined in publicly accessible sources.*

**- Clinical practitioner**

*Only MSVCC providers know the criteria [for mental health support]. Some charities have to mitigate those issues by offering therapies themselves. It's not transparent and it's very difficult to know how Home Office decides.*

**- Modern slavery charity**



Currently, survivors with significant mental health needs are prevented from accessing support because have difficulty articulating their needs in a way that matches government or MSVCC requirements. It is vital that there are trauma-informed pathways to accessing the support that survivors need to recover. This includes trauma-informed assessment processes, and recognition that it may take some time before individuals are able to discuss traumatic material.

### **3. Burden to prove waiting times**

Survivors are entitled to access mental health support funded via the MSVCC if it "cannot be accessed via the NHS within a reasonable timeframe" and a medical professional, such as a GP, recommends it.<sup>[18]</sup> However, the request may not be approved even with a GP's approval. Home Office guidance does not publicly specify what is considered a reasonable timeframe.

In general, there are critically long waiting times for mental health services in the NHS, with some patients having to wait years before receiving support.<sup>[19]</sup> Despite significant waiting times for mental health services, survivors of modern slavery are still being signposted to the NHS as standard and rarely



offered alternative private provisions funded by the MSVCC.

In order to assess a survivor's mental health needs, it is good practice for survivors to first receive a mental health assessment to establish what types of services they need. However, the waiting time between NHS assessment and first appointment can be highly distressing to survivors, as their mental state and history are 'opened up' at assessment stage, with little or no support to deal with the associated feelings whilst waiting for help in the weeks, months or years afterwards. More broadly, a survey conducted by Rethink Mental Illness revealed that 80% of individuals experienced a decline in mental health whilst waiting for help.<sup>[20]</sup>



*Survivors often face long waiting times before being able to access mental health support via the NHS. Some survivors are assessed as not suitable, for example because their situation is too unstable or their mental health needs are too complex.*

**- Clinical practitioner**

Sometimes, a lack of specialist knowledge of the needs of survivors mean that some NHS services refuse to provide care due to the perceived instability of the person's circumstances. This is contrary to NHS policy as understood by clinical specialists working with refugees and asylum seekers within the NHS.<sup>[21]</sup>

All survivors should be offered evidence-based mental health care at the earliest opportunity, and it should be their choice as to whether they are ready for this. Where mental health needs are deemed more complex, survivors should be referred to specialist services. However, the Helen Bamber Foundation reports that specialist mental health services within the NHS can have even longer waiting lists than for other mental health services.

#### **4. Lack of specialist NHS services**

*Where talking therapy isn't enough, they just dump you into a struggling NHS.*

**- Expert with lived experience of exploitation**



Under the MSVCC, survivors being supported by contracted charities for modern slavery support can request counselling and may work with a caseworker to identify a therapist who specialises in modern slavery. Under government guidance, modern slavery survivors are referred to the NHS for mental health support as a first option.

Once in the NHS, survivors face the likelihood of explaining their experiences to healthcare professionals who do not understand what modern slavery or trafficking is. 87% of NHS staff do not know what questions they should ask to identify people who may have been trafficked, and 78% believe that they have insufficient training to assist trafficked people.<sup>[22]</sup> Survivors often blame themselves for their experiences and keep details to themselves due to stigma, which is entrenched when professionals use insensitive language around the exploitation.<sup>[23]</sup>

One charity disclosed that a survivor of modern slavery was referred to a Community Mental Health Team (CMHT) and was not seen for three months despite multiple incidents of self-harming. When the survivor was eventually seen, the doctor made racist comments about the survivor's surname, insulted him for non-violent crimes he was forced to commit by his traffickers, and said he was not eligible for specialist mental health support. Yet, without access to specialist support, survivors' mental health can worsen.

*Having to rely on reforming the whole NHS is like asking for the moon. It will take time for the NHS to have specialist modern slavery teams.*

**- Modern Slavery charity (former unaccompanied asylum-seeking children's (UASC) practitioner)**

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Health professionals should operate having regard to 'Trauma-Informed Code of Conduct (TICC)', which sets out principles for professionals working with survivors of trafficking or torture to support them safely, focusing on trust, empowerment, and avoiding re-traumatisation<sup>[24]</sup> when working with someone they believe to be a victim of modern slavery. At a minimum, health professionals require training in trauma informed practice, but this is not currently mandated. Understanding of modern slavery is also crucial for mental health providers as trauma-informed care can prevent re-traumatisation and a loss of trust through awareness of grounding techniques, emphasise feelings of safety, tackle beliefs and fears instilled by traffickers, and maintain cultural sensitivity.

Often, charities and experts with lived experience reported a 'compounding' effect of long waiting periods and a lack of specialist mental health options for modern slavery survivors.

Charities recognised that NHS engagement was often vital and that, in some cases, *"healthcare professionals and NHS support staff can be of great importance in facilitating access to other forms of advice... like [on] immigration"*, but also recognised that trauma-informed care practices are not always followed. *"Lack of time, resources, training and, on occasion, professional negligence"* were factors listed by one charity contributing to inconsistent trauma informed care.

## 5. Lack of options

In some cases, individuals are not ready to undertake talking therapy, perhaps due to their personal circumstances at the time of offer. There are many preliminary trauma informed activities that may support individuals to undertake trauma-focused therapy when they are ready. After Exploitation funds self-care sessions for experts with lived experience of modern slavery, following campaigns or research projects, and we have found that alternative therapies such as hypnotherapy and art therapy are well-subscribed.

However, MSVCC-funded therapy is ordinarily limited to talking therapy, whilst the NHS also tends to provide Cognitive Behavioural Therapy (CBT), a talking therapy, for the most common mental health diagnoses, as there is evidence that these therapies are effective.<sup>[25]</sup>

Survivors reported being told that alternative therapies evidenced as being

effective in treating trauma, such as Eye Movement Desensitisation and Reprocessing (EMDR), are not funded as standard via the MSVCC.

Numerous practitioners highlighted that survivors eligible for MSVCC-funded treatment may still be deterred from accessing support due to the limitations on what is offered. Some raised that other forms of mental health support, other than therapy, should still be recognised as serving a mental health function and offered where survivors may not be ready or interested in accessing talking therapy.



*Flexibility in the type of support is important. Things like art, yoga, gardening, or sports have therapeutic benefits but are not recognised by the Home Office as forms of [support] integral to mental health.*

*You already have to provide so much information... sometimes [survivors] don't want to share the information over and over again through talking*

**- Modern Slavery charity**

## **6. Time limited support**

It is common for survivors of modern slavery and human trafficking to 'bury' their feelings as a way of coping with the exploitation and avoiding reprisals from their exploiter, who may threaten harm if any information about them is disclosed. For this reason, it can take time for survivors to open up about their emotions and experiences. However, the NHS typically offers time-limited support of between five and 20 sessions of CBT for diagnoses including depression, anxiety, PTSD and eating disorders.<sup>[26]</sup>

For survivors of trafficking, experiencing upheaval in many areas of their lives, with practical barriers to accessing therapy, and current feelings of lack of safety, this can be insufficient. National Institute for Health and Care Excellence (NICE) guidelines state that Improving Access to Psychological Therapies (IAPT) services are not suitable for individuals who have endured prolonged or multi-faceted trauma as time-limited sessions "may not address complex trauma effectively".<sup>[27]</sup>



*Some NHS services are time-limited, whereas our charity has found that long-term support is required due to the impact of complex trauma.*

**- Modern Slavery charity (service provider)**

Further therapy sessions for more complex needs are also ordinarily time-limited, making it hard for survivors to establish a rapport and build trust with a therapist.

*[Survivors] often think mental health support offers practical help to deal with the sources of their poor mental health - for example, if you're sad because you miss your family, survivors may think that you'll be helped to apply for a visa for them, or if you are at risk of homelessness that they will sort your accommodation.*

*It often takes two or three sessions alone just to outline what the person can expect from therapy... what it can and can't do.*

*Five or six sessions is not enough. Survivors need a long-term plan for mental health, and it should be down to the individual.*

**- Modern Slavery charity (former unaccompanied asylum-seeking children's (UASC) practitioner)**



It is common for support providers to have to continually request new tranches of sessions for survivors because funding provided for their therapy is not guaranteed. The amount of support available to survivors is under constant review. Experts with lived experience, interviewed as part of our 'Can of worms' report, share that having to keep asking for more sessions is disempowering, and counter to the aims of funding mental health support in the first place. The threat of having therapy withdrawn has the potential to undermine survivors' recovery. Charities highlighted the need for survivors to be able to access a realistic 'minimum' number of sessions for meaningful recovery.



## 7. Translation services

Language and cultural barriers can impact whether survivors engage with mental health support. Survivors of modern slavery who do not speak English as a first language can feel worried about asking for support from an interpreter. However, for those who do request an interpreter, securing support from an appropriate professional can be challenging.



*It is often difficult to get interpreters and there are issues with dialects. [There are also] issues with trust due to there being a third person in the counselling session.*

Charities reported a reliance on interpreters rather than therapists able to speak the survivor's language and dialect. A reliance on third-party interpreters in clinical settings, who have insufficient knowledge or experience, can be problematic. For example, allowing family members or associated parties to interpret, or using unqualified interpreters, pose a risk to the therapeutic alliance and, potentially, if they are unable to disclose relevant information, to the client. Where loved ones of the survivor are expected to provide interpreting services, this is poor practice and should not be considered as an option. It poses many risks, including preventing the disclosure of family-related trauma.

One practitioner, interviewed for this briefing, highlighted the risk of exploiters themselves acting as translators, in order to control the therapeutic process and prevent disclosure. Two charities, providing specialist support to survivors of modern slavery, reported a dearth of translators for certain languages and dialects, including Krio, Lithuanian and Twi. In some cases, the inaccessibility of interpreting services have further fuelled delays for urgently-needed mental health support. Every effort must be made to find an appropriate interpreter and, if this is not possible the person should be consulted and every effort made to proceed according to their indicated preferences.

*One of our service users had suicidal ideation and wanted to act on this. It took him 3 weeks to receive an 'emergency' [NHS] appointment due to interpreter availability.*

**- Modern Slavery charity (service provider)**



## RECOMMENDATIONS

### **Remove needless barriers to mental health support**

- The reality of long NHS waiting times should be recognised by the Home Office, and survivors of modern slavery should not be expected to “prove” that long waiting lists exist
- Mental health provision should not be dependent on a particular element of a survivor’s experience
- Requests to extend therapy should be free of bureaucratic complexity and health care professionals should be able to quickly recommend extensions of therapy as required
- The childcare needs of survivors accessing specialist therapy should be met

### **Recognise the government’s duty in statutory guidance**

- The statutory modern slavery guidance must acknowledge survivors’ need to quickly access specialist therapeutic support
- Accepting that specialist therapeutic care can be provided in many ways and must be tailored to the specific needs of the survivors. Care must be regulated, carried out when the survivor is ready, and is likely to be subject to waiting times, the government should make every effort to reduce NHS mental health waiting times and that survivors of modern slavery can access care without delay
- The Government must make secondary activities available as part of a trauma-informed package of support designed to improve social connections, improve health, encourage creativity and develop trusting relationships
- Survivors must be free to access an evidence-based therapy of choice, as outlined in the NICE guidelines, and which includes, but is not limited to EMDR

### **Better access to interpretation**

- Survivors should have access to sessions with qualified and regulated therapists who speak their language and dialect
- Failing this, survivors should have access to high-quality interpreting services with survivors able to exercise choice about interpreter involvement



## **Mandatory trauma-informed training**

- All professionals working with survivors, including MSVCC providers, NHS staff, and first responders, should undergo accredited trauma-informed training aligned with recognised frameworks, such as the Trauma-Informed Code of Conduct (TICC)
- MSVCC contractors should be supported in facilitating trauma-informed health and integration activities in locations that are optimal and safe for survivors, including as part of outreach
- Every effort should be made to incorporate interpreters, cultural mediators and experts with lived experience in the support landscape for trafficking survivors as both providers and consumers of relevant trauma-informed training

## **Data recording**

- MSVCC contractors must record all requests for mental health support *raised* by survivors, not only those resulting in therapy or NHS referrals, in order to capture the number of potential victims prevented from accessing counselling due to bureaucracy
- MSVCC contractors must show the contents of support requests to survivors before submitting them, and allow for incorrect information to be amended

## Annex A

Year	Adult modern slavery referrals	Survivors accessing counselling via MSVCC	Survivors accessing counselling via MSVCC (%)
2019	5,866 ( <a href="#">source</a> )	272	5%
2020	5,087 ( <a href="#">source</a> )	679	13%
2021*	6,411 ( <a href="#">source</a> )	565	9%
2022	8,854 ( <a href="#">source</a> )	No data	No data
2023	8,622 ( <a href="#">source</a> )	485	6%
2024	13,100 ( <a href="#">source</a> )	515	4%

\*2021 data covers 1 January - 6 December 2021

Freedom of Information (FOI) requests submitted by Emily Vaughn of the Human Trafficking Foundation Lived Experience Advisory Panel (LEAP) outline the MSVCC counselling data from [2019](#) (pg 75), [2020](#) and [2021](#). FOIs submitted by After Exploitation outline the MSVCC counselling data from [2023](#) and [2024](#).

Please note that FOIs covering periods prior to 2022 ask for successful purchase orders made for counselling under the MSVCC, whilst the FOI covering 2023 and 2024 asks for the number of individuals accessing counselling. Any year-on-year comparison should account for the difference in wording used to secure this data. Despite limitations, in the absence of public data on the government's performance in this area, these FOIs are the only available statistics on survivors' access to counselling via the MSVCC.

## References

- [1] Hestia (2024) Underground Lives: Mental Health Support for Survivors of Modern Slavery. Available at: <https://www.hestia.org/Handlers/Download.ashx?IDMF=86c5fa1d-b65a-428a-9fd5-97a8c2977223> , p.9.
- [2] Evans, H., Sadhwani, S., Singh, D.N., Robjant, D.K. and Katona, P.C. (2022) 'Prevalence of complex post-traumatic stress disorder in survivors of human trafficking and modern slavery: A systematic review', *The European Journal of Psychiatry*, 36(2), pp. 94–105. <https://doi.org/10.1016/j.ejpsy.2022.01.005>
- [3] Maercker, A., Cloitre, M., Bachem, R., Schlumpf, Y.R., Khoury, B., Hitchcock, C. and Bohus, M. (2022) 'Complex post-traumatic stress disorder', *The Lancet (British Edition)*, 400(10345), pp. 60–72. [https://doi.org/10.1016/S0140-6736\(22\)00821-2](https://doi.org/10.1016/S0140-6736(22)00821-2)
- [4] Council of Europe (2005) National Referral Mechanisms: An Essential Component of an Effective Protection Framework for Victims of Human Trafficking. Available at: <https://rm.coe.int/168008371d>
- [5] Home Office (2025) Modern slavery: National Referral Mechanism and Duty to Notify statistics UK, end of year summary 2024. Available at: <https://www.gov.uk/government/statistics/modern-slavery-nrm-and-dtn-statistics-end-of-year-summary-2024/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2024>
- [6] Egbe, A. (2022) Survivors' Mental Wellness: Our Feelings, Our Minds, Our World. Independent Anti-Slavery Commissioner. Available at: <https://www.antislaverycommissioner.co.uk/media/fqgbhdng/iasc-survivors-mental-wellness-report-april-2022.pdf>
- [7] Causeway (2024) Project RESTART. Available at: <https://www.wearecauseway.org.uk/wp-content/uploads/2024/07/Project-RESTART.pdf>
- [8] Vaughn, E., Esslemont, M. and Fais, E. (2025) Modern Slavery Reconsiderations: Briefing. After Exploitation and Anti-Trafficking Monitoring Group (ATMG). Available at: <https://afterexploitation.com/wp-content/uploads/2025/03/briefing-modern-slavery-reconsiderations.-after-exploitation-atmg.pdf> , p.5.
- [9] Big Issue (n.d.) 'Sexual exploitation and violence against women and girls'. Available at: <https://www.bigissue.com/opinion/sexual-exploitation-violence-women-girls/>
- [10] After Exploitation (2025) Correspondence to John Edwards, Information Commissioner. Available at: <https://afterexploitation.wordpress.com/wp-content/uploads/2025/02/ico-correspondence-after-exploitation-fois-and-sars-letter-jan-2024.pdf>
- [11] Hutchison, K., Olly (pseudonym) and Mullan-Feroze, B. (2022) One Day at a Time: A Report on the Recovery Needs Assessment by Those Experiencing It on a Daily Basis. Anti-Slavery International for the Anti-Trafficking Monitoring Group. Available at: [https://www.antislavery.org/wp-content/uploads/2022/04/RNA\\_One\\_Day\\_At\\_A\\_Time.pdf](https://www.antislavery.org/wp-content/uploads/2022/04/RNA_One_Day_At_A_Time.pdf) , p.28.
- [12] Hutchison, K. (2025) 'How we define "sexual exploitation" is fuelling violence against women and girls', *The Big Issue*, 7 March. Available at: <https://afterexploitation.com/wp-content/uploads/2024/05/a-can-of-worms-challenges-and-opportunities-in-accessing-modern-slavery-evidence-digital.pdf> , p.15.
- [13] Marburger, K. and Pickover, S. (2020) 'A Comprehensive Perspective on Treating Victims of Human Trafficking', *The Professional Counselor*, 10(1), pp. 13–24. Available at: <https://tpcjournal.nbcc.org/a-comprehensive-perspective-on-treating-victims-of-human-trafficking/>
- [14] ECPAT UK (2022) 'Space to Thrive: We need more support for child victims of trafficking and exploitation to recover from trauma and abuse'. Available at: <https://www.ecpat.org.uk/news/space-to-thrive-we-need-more-support-for-child-victims-of-trafficking-and-exploitation-to-recover-from-trauma-and-abuse>



- [15] Hanson, R.F., Borntrager, C., Self-Brown, S., Kilpatrick, D.G., Saunders, B.E., Resnick, H.S. and Amstadter, A. (2008) 'Relations among gender, violence exposure, and mental health: The national survey of adolescents', *American Journal of Orthopsychiatry*, 78(3), pp. 313–321. <https://doi.org/10.1037/a0014056>
- [16] de Silva, U., Glover, N. and Katona, C. (2021) Prevalence of complex post-traumatic stress disorder in refugees and asylum seekers: Systematic review. Helen Bamber Foundation. Available at: <https://helenbamber.org/sites/default/files/2021-11/prevalence-of-complex-post-traumatic-stress-disorder-in-refugees-and-asylum-seekers-systematic-review.pdf>
- [17] Marburger, K. and Pickover, S. (2020) 'A Comprehensive Perspective on Treating Victims of Human Trafficking', *The Professional Counselor*, 10(1), pp. 13–24. Available at: <https://tpcjournal.nbcc.org/a-comprehensive-perspective-on-treating-victims-of-human-trafficking/>
- [18] Home Office (2025) Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland. Available at: <https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims/modern-slavery-statutory-guidance-for-england-and-wales-under-s49-of-the-modern-slavery-act-2015-and-non-statutory-guidance-for-scotland-and-northern-ireland>
- [19] Home Office (2025) Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland. Available at: <https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims/modern-slavery-statutory-guidance-for-england-and-wales-under-s49-of-the-modern-slavery-act-2015-and-non-statutory-guidance-for-scotland-and-northern-ireland#bookmark13>
- [20] Limiri, D.M. (2025) 'The impact of long wait times on patient health outcomes: The growing NHS crisis', *Journal of Public Health*, 3, p. 100020. Available at: <https://premierscience.com/wp-content/uploads/2025/02/pjph-25-726.pdf>
- [21] Rethink Mental Illness (2024) New survey reveals stark impact of NHS mental health treatment waiting times. Available at: <https://www.rethink.org/news-and-stories/media-centre/2024/06/new-survey-reveals-stark-impact-of-nhs-mental-health-treatment-waiting-times/>
- [22] Yim, S.H., Lorenz, H. and Salkovskis, P. (2023) 'The effectiveness and feasibility of psychological interventions for populations under ongoing threat: A systematic review', *Trauma, Violence, & Abuse*, 25(1), pp. 577–592. <https://doi.org/10.1177/15248380231156198>
- [23] Ram, S., Hemmings, S., Abas, M., Howard, L., Bick, D., Jakobowitz, S., Boyle, A., Khondoker, M., Borschmann, R., Broadbent, M., Dewey, M., Ottisova, L., Domoney, J., Ross, C., Dimitrova, S., Stanley, N., French, R., Westwood, J., Gerada, C. and Zimmerman, C. (2016) Provider responses, treatment and care for trafficked people: Final report for the Department of Health Policy Research Programme: Optimising identification, referral and care of trafficked people within the NHS (115/0006). King's College London. Available at: <https://clck.uclan.ac.uk/14394/1/PROTECT%20Final%20Report.pdf> , p.13.
- [24] National Association for People Abused in Childhood (NAPAC) (2024) Appropriate Language Guide: Child Exploitation and Abuse. Available at: <https://napac.org.uk/wp-content/uploads/2024/11/Appropriate-Language-Guide-Final-English-1.pdf> , p.24.
- [25] Helen Bamber Foundation (2022) Trauma-Informed Code of Conduct. Available at: <https://www.helenbamber.org/sites/default/files/2022-01/HBF%20Trauma%20Informed%20Code%20of%20Conduct%202nd%20Edition.pdf>
- [26] NHS (2025) Cognitive behavioural therapy (CBT). Available at: <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/#:~:text=CBT%20can%20be%20done%20in,you%27re%20having%20it%20for>
- [27] NHS England (2021) The Improving Access to Psychological Therapies (IAPT) Manual v6. Available at: <https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/iapt/the-iapt-manual-v6.pdf>





# About After Exploitation

After Exploitation uncovers the hidden injustices facing survivors of modern slavery and human trafficking in the UK, including failures to provide support, compensation or protection from deportation.

Working alongside survivors, researchers, journalists and academics, we improve understandings of exploitation, combat misinformation, and provide a platform for experts with lived experience to produce creative outputs, research and original journalism.

**After Exploitation | 2025**

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