

A Comparison of Evidence-Based Approaches: CPTSD and the Presentation of De-Personalisation and De-Realisation in Asylum Seekers Exposed to Trafficking in the UK; Do Shorter-Term Therapeutic Interventions Yield Successful Outcomes for Clients as Suggested by Policy Makers?

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Abstract

Depersonalisation and derealisation involve a sense of detachment as well as unreality. Such symptoms can arise from CPTSD (complex post traumatic stress disorder). This research was interested in exploring to what extent refugees and asylum seekers who were trafficked to the UK experienced these symptoms, and what were some of the barriers surrounding this topic. Based on the results provided, the researcher was interested in further exploring whether shorter-term interventions yielded more successful results as suggested by policy-makers. According to the data collected from qualitative interviews, long-term interventions (without an interpreter) were more successful for young Albanian women who had been trafficked and were presently undergoing treatment for the symptoms they were exhibiting due to their CPTSD. The results and further findings were discussed to pave the way for more research in the subject, as well as provoking discourse regarding asylum seekers and refugees who have been trafficked.

Keywords

CPTSD, Human Trafficking, Asylum Seekers, Mental Health, Long-Term Therapy, De-Personalisation, Cultural Competency

1. Introduction

In this research, the researcher will be highlighting and discussing whether “shorter-term therapeutic interventions” lead to successful outcomes for clients, focusing on individuals who are seeking asylum and have been exposed to trafficking within the UK. This will be analysed as part of the process of evaluating the symptoms and the barriers that these individuals face in the UK in regard to treatment. Firstly, in order to understand the aim of this study, it is important to delve into the definition of human trafficking.

The UN (2021) defines human trafficking as “... *the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit.*” Vulnerable individuals, whether men or women, even children, are trafficked for purposes such as forced labour, drug cultivation, servitude, and sexual exploitation. Robjant, Roberts, & Katona (2017) have found that individuals who are trafficked are prone to experience “*high rates of mental health problems, most commonly depression, anxiety, and posttraumatic stress disorder*”, suggesting that their trafficking experiences have been a key contributor to their mental health and post-event trauma. Thus, there is a need for evaluating what treatment would be best suited in order to help these individuals. However, in order to fully grasp and analyse the question this paper raises, it is important to understand the barriers and current realities of such treatments.

1.1. Barriers to Treatment

A study into the psychiatric treatment of asylum seekers in Israel found that the individuals were more prone to developing poor mental health due to the severity of the trauma they have experienced, which can range from kidnapping, torture, and sexual violence. Furthermore, due to the instability of their immigration status during the “complex and migratory” period, the lack of medical and psychiatric services proves to be ever more detrimental in supporting them with their trauma, thus, disrupting their healing process (Hileli, Strous, Lewis, & Lurie, 2021).

It was also reported that, whilst refugees and those who seek asylum have experienced high levels of trauma, which has ultimately impacted their quality of life, they sometimes report having no complaints or worries for their mental health. Asylum seekers are given a case-manager, however due to their “high caseload”, in many scenarios, the bodies providing these services are only able to satisfy and tend to the individual’s basic needs (food, water, clothing); as such, the individual’s suffering from complex post-traumatic stress disorder can sometimes go for years without intervention or treatment, coupled alongside their insecure status and stress regarding their future, which in turn further exacerbates their mental well-being (Jaung, Jani, Banu, & Mackey, 2017). Many survivors of trafficking are faced with different social and legal challenges ranging from employment restrictions, unstable housing, immigration status and process uncertainty, which

in turn cause a barrier when considering therapeutic treatment in the case of PTSD/CPTSD (Rees, 2024).

Recent research also highlights that despite evidence indicating that Adverse Childhood Experiences (ACEs) greatly enhance the incidence of PTSD, CPTSD, and other trauma-related disorders, many mental health providers do not include ACEs in diagnostic assessments. Early-life trauma may make CPTSD more severe because many trafficked asylum seekers have experienced childhood abuse, neglect, or family upheaval before being trafficked. Therefore, a significant obstacle to receiving successful therapy is the inability to incorporate ACEs into refugee mental health therapies (Maercker & Augsburger, 2019).

Furthermore, due to the complex nature of the immigration process, where in the UK an initial decision can take well-over six months, especially considering that previous research papers have stated that: *“Nor do we have clear information on how long asylum applications take.”*, and that in early 2019, the Home Office dropped its initial six-month target for asylum claim decisions (Walsh, 2019; Allison & Taylor, 2019). The study by Allison and Taylor (2019) revealed that: *“Seventeen people received decisions from the Home Office in 2017 on claims they had submitted more than 15 years ago”*. In accordance to this, further research has supported that the longer the waiting time for an asylum decision, the more detrimental it may be to an individuals’ mental wellbeing. *“Resettled refugees who waited longer than 1 year for an asylum decision face an increased risk of psychiatric disorders. Host countries should consider that long asylum-decision waiting periods could lead to mental illness among refugees.”*, thus, suggesting that a possible way to avoid the adverse effects of a long-waiting period may be to implement longer-term trauma informed therapy. It has been previously reported that treatment during the process may help facilitate towards healing and helping refugees work through their trauma (Kira & Tummala-Narra, 2015; Hvidtfeldt, Petersen, & Norredam, 2020).

The barrier to healthcare and mental health support is alarming, considering that research has found that delayed mental health intervention and barriers to that support can be detrimental to the mental wellbeing of the individuals, as well as an “increased risk of chronicity of post-trauma psychopathology” (Haugen et al., 2017). Further research has supported that having the lack of access towards healthcare and mental health interventions and support can exacerbate the already severe stress and trauma symptoms refugees and asylum seekers may be experiencing, thus leading to possible long-term issues which could affect them for the rest of their lives (Chuah, Tan, Yeo, & Legido-Quigley, 2018). Individuals who have been trafficked are faced with complex trauma due to their accommodation, instability within their current living conditions as well as their settlement, as well as a magnitude of other factors, they are also battling with detrimental mental health and secondary psychological issues such as drug and alcohol addiction, making them one of the most vulnerable groups within society (Paasche, Skillbrei, & Plambech, 2018).

1.2. The Current Reality in the UK

For refugees within the UK, it has been stated that: “*Refugees are the most vulnerable to mental health problems.*”; suggesting that they are in dire need of mental health support in order to help work through their trauma symptomology, and thus in turn, give them the empowerment necessary to work towards healing (Campbell et al., 2018). Research has additionally found that there is a high prevalence of PTSD amongst refugees and asylum seekers, not only due to their past experiences and the reason why they had to leave their home country, but also their experiences post-migration (Salami et al., 2018). Refugees and asylum seekers are subject to repeated stresses and uncertainty in regard to finances, employment (asylum seekers are not allowed to work before they have received a positive asylum decision) and also worries relating to their accommodation and where they will live for the foreseeable future (Henkelmann et al., 2020).

In 2020, as reported by the office for national statistics (Modern slavery in the UK - Office for National Statistics, 2021), there were 5144 modern slavery offenses which were recorded by the police, which is an increase of 51% from the year before. This increase highlights how modern slavery and trafficking, especially during and after the pandemic, have increased and become a much bigger issue than before. Todres and Diaz (2021) highlighted that one of the core reasons that the statistics across the board for trafficking has increased, is due to the COVID-19 pandemic which has left a percentage of the population in economically difficult circumstances (unemployment, inability to maintain finances), thus, leaving them at potentially “heightened risk of various forms of exploitation, from survival sex to exploitation in various labour sectors”.

The Refugee Council (one of the main service providers for refugees and asylum seekers within the UK) offers short-term counselling of 12 sessions for only those who have been granted refugee status and are referred to the service (New Roots—Refugee Therapy—Refugee Council, 2021). There are no current statistics available on the number of individuals who have been referred through the National Referral Mechanism and have not yet been granted refugee status, however, in 2020 there were 10,613 potential victims of modern slavery and 82% (8665) were awaiting a conclusive grounds decision. Based on these numbers, and the requirements for refugee councils in order to receive 12 one-to-one sessions, none of these individuals would be eligible as they do not meet the requirement of “refugee” prior to a decision being made stating that they are believed to be victims of modern slavery and the Home Office provide a corresponding agreement in giving them refugee status (Home Office, 2021a, 2021b).

The lack of intervention for asylum seekers is further emphasised. The evidence surrounding exit and post-exit interventions was explored for victims of trafficking, researching relevant reports and bibliographies, and found that most interventions were sparse, and research was “*poorly designed*” considering that “*the needs of trafficking survivors are complex and effective interventions are desper-*

ately needed" (Dell et al., 2019). The number of asylum seekers and victims of human trafficking who do not now receive mental health support or other comparable measures is concerning.

1.3. Mental Health Interventions in Asylum Seekers

A study conducted by Slobodin and de Jong (2015) found that, after investigating the mental interventions for asylum seekers and refugees, these individuals *"reported positive outcomes of the intervention in reducing trauma-related symptoms."*, supporting that in these cases, CBT (cognitive behavioural therapy) and NET (narrative exposure therapy) yielded positive outcomes in terms of the mental wellbeing of these individuals. However, they did not go into depth of explaining how long these sessions would be beneficial for or whether they would support the refugees and asylum-seekers in the longer run. A twelve-week experiment of trauma-focused cognitive behavioural therapy was found to be beneficial in supporting the symptomology of severely traumatised refugees by Unterhitzberger et al. (2015). Once more, the study did not investigate whether twelve sessions would be practical in assisting refugees and asylum seekers in addressing their trauma before and after migrating, as well as taking into account their experiences of human trafficking. Additionally, Unterhitzberger et al. (2015) only worked with unaccompanied refugee minors. Thus, there was no specification on whether they had been trafficked and the research focused on refugees in Germany, where the mental health interventions and treatments vary when compared to the UK policy, highlighting a gap of knowledge in the literature.

Tribe, Sendt and Tracy (2017) published a systemic review on how to best manage the mental distress in refugee and asylum seeker populations. Whilst they confirmed that NET was beneficial in helping these individuals work through their mental health symptoms, the review did not distinguish whether different groups required separate interventions. Research has supported that individuals who have suffered through sexual abuse and trauma require more tailored therapy, with importance on providing compassion, as the individuals are working through a wide variety and magnitude of emotions, such as low self-worth and self-blame, emotions and difficulties which are not mentioned in research concentrating on psychological interventions for these individuals (McLean, Steindl, & Bambling, 2018).

Bahu (2019), similarly explored the mental health and wellbeing difficulties suffered by Tamil refugees and asylum seekers who were referred through Wandsworth IAPT (Improving Access to Psychological Therapies) within the UK. The research focused on culturally adapted CBT, focusing specifically on their war traumas in relation to their culture. After participating in CBT between 2014 and 2015, and then engaging in support groups thereafter in 2015 and 2016, it was reported that there was *"a positive change in the wellbeing of participants was indicated by a reduction in the severity of negative symptoms for all metrics and*

qualitative feedback provided additional evidence that participants had benefited from the programme". Thus, highlighting that possibly long-term intervention and continued support post-therapy may be more beneficial in aiding refugees and asylum seekers in their trauma.

Studies have shown that psychosocial interventions for post-traumatic stress disorder can provide significant benefits for asylum seekers and refugees who are suffering from PTSD and have re-settled in high-income countries (Nosè et al., 2017). The studies have also gone on to state that *"Narrative exposure therapy, a manualized short-term variant of cognitive behavioural therapy with a trauma focus, was the best-supported intervention"* for the subject participants; but failed to compare the difference in results between short-term therapy and long-term therapy and whether there was a difference. Lely et al. (2019) further support that trauma-focused NET (Narrative Exposure Therapy) would lead to sustained results in terms of the decrease of the symptomology of refugees suffering from PTSD. However, they also provide the limitation that trauma-focused NET had not been compared to any other types of trauma-focused therapies within the study. Thus, not excluding the possibility of other sources of therapy being perhaps more (or less) beneficial to gain a wider perspective on what support and treatment, would be optimal to the applicability of this study. Furthermore, the subject group of the mentioned studies focused on "traumatised refugees and other trauma survivors" and not specifically on trafficking victims, implying a possibility of a difference in treatment for those who have experienced human trafficking. Kometiani (2019) stated that *"needs of human trafficking victims are multifaceted, requiring comprehensive services and a continuum of care treatment that spans from crisis management to long-term treatment. Subsequently, effective therapeutic treatment may last for years"*; signifying that the needs of trafficking victims may be more different compared to asylum seekers and refugees as a group in general, and that different needs require a different treatment plan. This could be a relevant point for future legislation regarding mental health support, suggesting that one-size does not fit all.

1.4. Individual Challenges

Levine (2017) highlighted that sex-trafficking victims exist mainly in an illegal framework as they are constantly in transit geographically. As such, it is difficult to create a treatment plan due to the secondary psychological issues they may be experiencing, such as drug and alcohol abuse. They concluded that *"often-times by default, trauma-based cognitive behavioral therapy is used; such approaches may not be effective"*. Furthermore, another study researching the gaps in Human Trafficking Mental Health Provision highlighted that those individuals who have been trafficked experience *"long-lasting mental health consequences for survivors"*, considering that their symptomology may last months or years, it would not be considered beneficial for their long-term mental well-being to only have access to support for a short-period of time (Iglesias-Rios et

al., 2019).

A study exploring the efficacy of psychosocial interventions found that when interventions are routinely provided to asylum seekers and refugees, this is effective in reducing the severity of their symptoms. The same study found that when a long-term follow-up was maintained; this led to an increase in positive outcomes for the clients (Turrini et al., 2019). The study suggested that even in cases where one-to-one psychological intervention was short-term, follow ups and check-ups down the road proved beneficial, providing the refugees and asylum seekers the care and support required as they work to process through the symptoms, and work through the stressors of post-migration. Post-migration stress in a settlement country, is reported as extremely distressful for those who experience it, due to language and culture barriers, lack of access to services and also insecurity in their status, highlighting the dire need for such interventions (Sangalang et al., 2019).

A supporting study by Carswell, Balckburn and Barker (2011) suggested that a phased approach should be required when providing services and interventions to refugees and asylum seekers. Whilst it was clear that post-migration difficulties were significantly associated with post-traumatic stress disorder symptoms and emotional distress, the results supported that there is a need for asylum policies focusing on mental health support. Through GOV.uk and the Home Office website, they state that *“Rates of disorders related to extreme stress are higher in people who are forcibly displaced”* (Mental health: migrant health guide, 2017), whilst this is true of those who have been trafficked, they fail to specify what disorders and the reasons why people may be displaced. The reasoning why is relevant, as previous research has supported that those individuals who have been trafficked have suffered complex trauma and, as a result, would require a more comprehensive and detailed care and treatment plan (McBride, 2020). The same GOV.uk page provides a link to a research article, reviewing the “access to and experiences of healthcare services by trafficked people” with focus on the healthcare services and interventions within the UK. Shockingly it was concluded that: *“Trafficked people access health services during and after the time they are exploited, but encounter significant barriers”* which was repeated on the Home Office’s guidance to Human Trafficking and Migrant Health, 2021 (Westwood et al., 2016).

1.5. De-Personalisation and De-Realisation

After looking into the recognition of human trafficking in the radiology setting, Raker and Hromadik (2020) found that some of the mental health consequences of being trafficked included: de-personalisation and disassociation disorders, and that due to the individual’s experiences of being trafficked, they often presented with levels of fear and isolation. As such, they concluded that it is of paramount importance that these individuals are supported using a trauma-informed approach to best facilitate their healing. This was further supported by

Tiller and Reynolds (2020) who suggested that it is not just up to mental health providers to offer treatment and intervention to individuals who have been trafficked and that there should be a co-ordinated response beyond medical care and psychological intervention, included but not limited to emergency housing and legal assistance. This is a truly relevant point considering the current level of support provided, as research is supporting and moving towards a conclusion of long-term trauma-informed care across the board from a range of service providers, contradicting the suggestion that the current available support is beneficial.

However, it is important to highlight that much of the current research is conducted abroad in places such as the United States of America, where Human Trafficking is considered a much bigger issue compared to its UK counterpart: this is implied through the current policies the US government has in place. One key example was revealed in February 2017 when the presidential administration “*affirmed a commitment to address human trafficking*”; suggesting that it was of importance both to the administration and also to the public to know that this issue is being handled with the utmost significance. The article went on to further highlight that by making it a priority in terms of research, it will allow for “*developing evidence-based strategies to improve victim health*” (Rothman et al., 2017).

To counteract this, in the UK it was found that in cases where studies involved “migrant sex workers” without specifying if they had been trafficked or not; they highlighted there was “*relative absence of policy and practice interventions... rather than providing protection*” (Jobe, 2020). This was further supported by Fuentes Cano (2020) when analysing the first responder experiences of human trafficking policy within England. Whilst the research confirmed that there has been a promotion of a victim-centred approach in responding to crime, it also added that there has been a restriction in trafficking victim’s “*to seek support in order to recover from their exploitation while exposing them to further risks*”. An essential analysis which we can draw from this research is that there seems to be a lack of exploration (and importance of) confirming the exacerbated symptoms that trafficking victims are experiencing within the UK. An in-depth review into the complex, multi-faceted trauma and symptomology which trafficked victims undergo may bring to light the significance of ensuring that they receive the trauma-focused care they require.

1.6. Culture and Therapy

Research by Slobodin, Ghane and De Jong (2018) investigated the culture aspect of providing therapy, especially where asylum seekers and refugees came from extremely diverse cultures. The study revealed that it is beneficial to provide them all with similar interventions where their trauma may come from different sources. In these cases, where we may be dealing with traditions and cultures unknown or unfamiliar to many therapists and psychologists who may be treating and working

with these victims, is it possible that there may be a limit to the benefits of the treatments. The mentioned research concluded that “Individuals and communities were limited in their ability to provide support for those suffering from psychosocial distress due to heavy stigma and the burden of multiple stressors.” Additionally, studies have demonstrated that culturally responsive treatments greatly enhance outcomes and engagement for refugees and asylum seekers from a variety of backgrounds. According to research on Rohingya, Syrian, and Congolese refugees, for example, using culturally relevant metaphors, idioms of distress, and healing customs in therapy lowers dropout rates and boosts acceptance (Murray et al., 2010; Kohrt et al., 2014; Tay et al., 2019). These methods not only lessen symptoms but also strengthen therapeutic relationships, particularly when professionals receive training in trauma reactions appropriate to a certain culture.

Home Office Statistics found that Albanian citizens were the highest nonEU European country who have been trafficked. Looking at the research into Albanian culture, the influence of the patriarchal and traditional society is present to this day. Dodi (2019) highlighted the stress and discrimination that Albanian women experience, as well as the poverty, are instrumental in making them more vulnerable to being victims of human trafficking. As such it would be beneficial for the therapist who is providing the clients with the therapy to be more culturally informed and show multi-cultural awareness, which has been supported to be important in establishing the therapeutic relationship so clients can maximise their benefit from the therapy and as such move towards a healthier state of mind (Efruan et al., 2020). Again, this counters the current policy of short-term therapeutic interventions for asylum seekers, considering the complexity and intricacy when weighing culture, stigma, trauma as well as their ongoing trauma due to the instability of settlement, the therapeutic plan for each individual would need to be extensive in order to truly provide them with the support necessary for them.

2. Methodology

2.1. Study Design

The study’s approach incorporated only the use of qualitative data in order to evaluate the personal and more in-depth experiences of the individuals. And to demonstrate from a bottom-up perspective, whether short-term or long-term form of treatments have been more useful for the individual based on their personal experience.

2.2. Participants and Recruitment

In order to gain better insight into the experiences of asylum seekers who had been trafficked to the UK and their experiences of therapeutic interventions in the UK, in line with their presenting symptomology, the research selected women

who had been a part of a counselling service within the UK, and had experienced both short term therapy as well as long term therapy interventions. As the sample size was homogenous (Albanian-origin, asylum-seekers, females, trafficking experiences, CPTSD symptomology) we only continued with a sample size of 9 to conduct interviews. A notice was put out via the counselling services social media and the participants got in touch on a voluntary basis.

Participants for this study were drawn from two groups. An approved social media post was sent out via the counselling service's social media asking if individuals were interested in taking part in a study. The same post was also sent to a support group of women based in the UK who are Albanian asylum seekers. The women often meet for coffee as they have similar life experiences. The name of this group is not included to protect the confidentiality of the participants. The ages of the participants range from 18 to 38 with, a mean age of 29 years old. Whereas, the social media post was posted across various social media channels (mainly Facebook, Instagram and LinkedIn). A contact email was provided if the potential participants were interested in participation, however they were asked if they fulfilled the following criteria: 1) Asylum seekers and/or refugee 2) Have had a trafficking experiences 3) Have been diagnosed with PTSD or similar mental health difficulty 4) Have experienced both short term and long-term interventions 5) Have experience depersonalisation or disassociation as one of their symptoms. The recruitment process yielded 9 interested females who fulfilled the criteria.

2.3. Data Collection

The data collection was done via one-to-one live semi-structured interviews. The interview was held by a specialised psychotherapist in the field of CPTSD. The interviews were conducted in Albanian language. The interviews took place in designated offices and lasted for a maximum time of 90 minutes per interview. This approach allowed for a directed approach into evaluating the study's question, while leaving space for more expanding if it was required.

2.4. Ethics

The interview process adhered to the GDPR guidelines, ensuring the confidentiality and comfort of the interviewee. The psychotherapist present in the interview was specialised in working with asylum seekers and refugees, therefore ensuring the safety and mental wellbeing of the individuals. The participants were informed of the purpose of the study, and about their right to forfeit the study at any given time without any apparent reason. After the interviews were finished, the participants were offered follow-up sessions to ensure their mental wellbeing. The interviewer was the only individual who analysed the interviews, and after their examination, all the information collected was deleted. The actual interview will not be published in the study in order to preserve the anonymity of the individuals.

2.5. Data Analysis

Qualitative content analysis, a methodological approach that enabled a thorough review of interview transcripts to uncover significant patterns and themes, was used in this study to analyse the data. In order to find important themes pertinent to the research topics, the textual material gathered from participants was carefully examined, coded, and categorised.

A thorough examination of the many forms of treatment the participants had received was made possible by the study's use of qualitative content analysis, which provided rich, descriptive insights into the complicated phenomenon being studied. This approach greatly contributed to the depth and scope of the study's findings by helping to distil the substance of participants' narratives.

3. Results and Discussion

The purpose of this study was to evaluate whether short-term therapeutic interventions yielded successful outcomes for refugees and asylum seekers exposed to human trafficking, who had suffered from CPTSD/PTSD, de-personalisation and de-realisation. In order to fully evaluate this concept, the research firstly delves on the findings as to what initially causes a barrier in providing such services.

3.1. The Complexity and Severity of the Symptoms

Whilst it remains clear that there is a lack of research in this particular subject area, although the issue of trafficking remains so prominent. The gaps in the research are clear, and in the UK the issue of trafficking and the services provided to refugees and asylum seekers who have been trafficked are of low importance when taking into consideration the severity of the mental disorders they are at risk of developing and experiencing (Byrow, Pajak, Specker, & Nickerson, 2020). In our interviews, all of the participants reported that the severity of their symptoms was of a high magnitude, as it is suggested by previous research (Altun et al., 2017). All of the participants reported that, because of their past experiences with human trafficking, they had issues coping with everyday life. The participants shared that they felt depressed and anxious. These feelings were usually accompanied by constant distress ("I feel like I am never safe, as if someone is watching me"). Nearly all of the participants reported having physical manifestations in the form of exhaustion, headaches, and stomach pain. These symptoms are very common when considering individuals who have been exposed to human trafficking. Furthermore, nearly half of the participants admitted to being under self-medication via the use of drugs and/or alcohol, which, as mentioned previously in this paper, makes the topic of a more complex nature due to the individual differences and experiences that these individuals undergo (Dell et al., 2024).

3.2. The Lack of Services

The current mental health interventions provided towards asylum seekers and refugees and those who have been trafficked are slim and only a select few come

into contact with secondary mental health services in England, as reported in 2018 by Altun, Abas, Zimmerman, Howard & Oram. This was further supported by Such, Jaipaul & Salway in 2020 who stated *“responses in the UK have been locally initiated, small scale and variable”*, whilst debates have revolved are the law enforcement perspective, there has been a disregard towards the mental health and long-term implications of refugees, and in particular those who have been trafficked.

Due to this, the only current enforced policy is the Modern Slavery Act 2015, which has been criticised for only focusing on bottom-up policy. In fact, as of 2019 it was stated that policies under the Modern Slavery Act were still ongoing, despite a promise from Teresa May to allocate £33 million into research and support for anti-trafficking measures. The research went on to further highlight that *“Trafficking policy discourses have previously been criticised for being used to justify restrictive migration policies.”*; suggesting that the act is not geared towards protecting victims or providing them with the mental health support and intervention required, but more of highlighting the criminal activities of the traffickers (Broad & Turnbull, 2019).

These policy gaps therefore are affecting the trafficking survivors. The participants said that they had received support, however, they shared that for the majority of the group, the process and the length of time it took for them to be enrolled into a therapeutic treatment was difficult and long; “It took nearly six months for me to be given a therapist, and the paper process and the questions I had to answer along the way made me more anxious. I was worried during the whole time about what was going on.” This is a crucial part of the topic of discussion as prolonged time without treatment can leave individuals vulnerable. Such is the unfortunate case of Jen Bridges-Chalkley, a 17-year-old who killed herself after enduring a long wait for the necessary mental health support (Wollaston, 2025). Her coroner reported to the media that her suicide could have been avoided if she had received the support she needed “in a timely manner”. It was “a multi-agency failure”, he concluded in the report, which is a devastating document: 81 pages of missed opportunities, bad communication and poor decision-making. Furthermore, a study by van Dijk et al. (2023) investigated the effect of waiting time between diagnosis and treatment commencement on recovery. Even after controlling for variables including suicidality and the severity of depression, the results demonstrated that longer waiting periods were linked to worse treatment outcomes six months later. But throughout the actual waiting time, there was no discernible difference in the degree of depression. According to the findings, extended waiting periods may make treatment less effective. Therefore, improving recovery outcomes for those with depression should prioritise minimising delays in beginning therapy.

3.3. Cultural Barriers

Cultural barriers and stigma, as well as lack of trust associated with their traffick-

ing and immigration experiences can become huge barriers in allowing refugees and asylum seekers access to the services and resources they desperately require (Lusk & Chavez-Baray, 2018). Due to the scarcity of resources and lack of importance placed on the mental well-being of individuals who have been trafficked, they are almost placed in limbo, and sometimes their application for asylum lasting years, being unable to work or earn money in a legal money and being subjected to interviews in relation to their experiences which no-doubt further trigger their symptoms (Jannesari, Molyneaux, & Lawrence, 2019). This was in line with the study's findings. All of the participants had been doubtful and not entirely sure before they asked for help by the social services; "I had heard stories of people being captured and returned back to Albania and I was so scared of asking for help after escaping the traffickers". From a cultural perspective, the participants also expressed that having someone who spoke their native language and who understood their cultural background was of importance to them, especially when discussing such private information. "When I was referred to therapeutic treatment, I was glad that the therapist could speak my language and that they understood where I come from. This is such a different world from where I used to live and I was always cautious as to how I would have been able to express myself here." Even though this is not the sole focus of the study, it is an important aspect in showing how an individual in this position can be best supported. Thus, a culturally sensitive therapy can be a cornerstone in helping these individuals recover, specifically in the case of Albanian women who, as mentioned previously, are faced with stigma and shame (Rees, 2024). Due to their past experiences, establishing trust in these individuals proves to be a challenging process, hence group therapy can be an optimal solution as it provides a sense of belonging (Rees, 2024).

3.4. Long-Term and Short-Term Treatment

When asked whether short-term treatments had been helpful to the participants, all of the participants reported that such services had helped them reduce their symptoms, especially their flashbacks from the time they were trafficked. However, some of the participants reported that the treatment "helped me feel less scared in the moment, but I still felt that bad feeling was there". The difficulties of short-term therapies for survivors of human trafficking are highlighted by recent studies, especially with regard to complex post-traumatic stress disorder (CPTSD). According to research, short-term therapies can provide instant symptom relief, but they frequently fail to address the underlying trauma brought on by ongoing coercion and abuse (Lehrner & Yehuda, 2020). According to a study that was published in the *Journal of Traumatic Stress*, survivors profited more from longer therapy sessions because they were able to process traumatic memories thoroughly and create long-lasting coping strategies (Melegkovits et al., 2022).

Furthermore, when considering the topic of CPTSD/PTSD, research is very one-sided into factoring that such healing processes take a much longer time period compared to other symptoms. As stated by one of the participants "It took

me such a long time to understand what happened and what I am currently thinking. For so long I ignored it as I was afraid that it was my fault.” Because human trafficking survivors frequently experience severe physical, emotional, and psychological trauma, long-term, trauma-informed care is crucial to their recovery. This method is adaptable, sensitive to cultural differences, and places a high priority on safety, empowerment, and individual needs adaptation. The three main stages of treatment are stabilisation and safety, where survivors receive psychoeducation to lessen self-blame and increase resilience, as well as grounding and emotional regulation skills. Processing trauma through therapies like Prolonged Exposure Therapy (PET) or Eye Movement Desensitisation and Reprocessing (EMDR) can assist confront ingrained shame and misguided beliefs once individuals are prepared to handle suffering. Rebuilding identity, promoting post-traumatic growth, and motivating survivors to re-establish connections with supporting networks and establish goals for the future are the main objectives of the last phase, integration and growth. Crucially, healing is a non-linear process, and progress through these stages is determined by preparedness rather than time. It’s OK for some survivors to stay in the stabilisation stage. In some phases, group work can be helpful, but it must be carefully considered to avoid retraumatization. Furthermore, trauma-informed practices can be incorporated into a variety of contexts, such as addiction treatment, trauma services, and short-term counselling. Long-term treatment gives survivors the resources and encouragement they need to regain their independence, fortitude, and sense of self by acknowledging that rehabilitation is a continuous process (Rees, 2024). Therefore, based on the comments of the participants, the study acknowledges that short-term treatment is indeed very beneficial to the individual as it can provide an immediate crisis management, and safety and coping skills. However, in the specific case of individuals who have been exposed to human trafficking, unfortunately, a short-term treatment becomes a rather short-term solution. This would mean that once this treatment is over, the individual will most likely experience similar symptoms as pre-treatment. Therefore, the study, in line with many previous studies (Lehrner & Yehuda, 2020), suggests that a longer term treatment is needed for such individuals. For the best optimal conditions, the study suggests that, based on the findings, asylum seekers and refugees would be better suited to a therapist who can speak their mother language, and who is aware of their cultural background (Clifton, 2020).

4. Limitations and Conclusion

It is crucial to recognise that many of the obstacles, mental health outcomes, and therapeutic challenges examined are also faced by other groups of trafficked individuals from diverse national and cultural backgrounds, even though this study focusses on Albanian women seeking asylum because of the homogeneity of the participant sample. Research has repeatedly demonstrated that victims of human trafficking who are refugees from nations like Nigeria, Vietnam, Sudan, and Eri-

trea also face complex trauma, barriers to care, cultural stigma, and unstable immigration status, all of which exacerbate mental health issues. Therefore, even though this study offers in-depth knowledge about a single cultural group, its conclusions may have generalisable relevance and therapeutic practice recommendations when working with other trafficked populations, especially when cultural responsiveness and long-term trauma-informed interventions are used (Ottisova et al., 2016).

The study acknowledges that the small sample size could hinder the generalisability of the findings as the aim of the study was to rather explore the topic at hand more in-depth, focusing on a bottom-up approach. Furthermore, the study only focused on Albanian asylum-seeking women. As mentioned, when considering the best ways of providing the most optimal mental health support, culture is a factor that changes the dynamic heavily. Therefore, it is suggested that other studies should also look into exploring other cultures in order to better tailor real-life applications per individual. Kohrt et al. (2014), for instance, highlighted the need for a customised therapy approach due to cultural idioms of distress that are common in Nepali and other Southeast Asian cultures, such as “soul loss” or “thinking too much.” Ignoring these idioms could result in incorrect diagnoses or service disengagement. Additionally, studies conducted by Tribe and Thompson (2009) have demonstrated the value of integrating cultural frameworks into therapy delivery by integrating religious and spiritual activities into successful interventions for Afghan and Kurdish refugees.

Furthermore, it is important for other studies to evaluate the cases of men and children in such vulnerable positions. Another aspect that the study would like to highlight is the use of longitudinal data. Future research should focus on the collection and analysis of longitudinal data in order to capture a better picture of the long-term effects of different treatments, and possibly how different individuals react to different treatments.

Regardless, in a final conclusion, this study analysed the topic of the barriers that asylum seekers and refugees experience in the UK, and whether short-term treatments were beneficial to them. Based on the study findings, the research has concluded that many of these individuals suffer from deep complex psychological issues such as depression, PTSD, and CPTSD. The study acknowledges that short-term treatments are indeed helpful, however, it makes it a crucial point to mention that in order for a full recovery of these individuals, longer-term treatments are recommended to be put into more use. This is significant because, according to reports, the current mental health system in Albania is primarily intended for crisis stabilisation rather than ongoing rehabilitation (UK Visas and Immigration, 2025). This presents a significant challenge because it appears that these individuals may not be receiving the proper treatment in their home countries. This is the case for our participants, all of whom were of Albanian descent.

The significance of integrating survivors’ life experiences into therapy procedures is critical to the study’s practical application. This highlights the need for

therapists who are not only fluent in the client's native tongue but also have a thorough awareness of their cultural background, especially when paired with the requirement for culturally informed treatment. Effective trauma healing involves self-redefinition and community involvement in addition to therapy. With strategies like narrative therapy assisting individuals in reclaiming their life story as one of resilience rather than merely survival, survivors must be given the tools they need to reconstruct their identities beyond victimhood (Rees, 2024). Higher education options, job coaching, and skill-building initiatives are essential for ensuring that survivors acquire financial security, independence, and a sense of purpose—all of which help to prevent long-term dependency and re-trafficking.

This promotes a safer and more encouraging healing environment by guaranteeing that therapy is both effective and accessible. Lastly, the study would like to highlight the immediate need for faster enrolment processes as a crucial backbone to the individual's healing process.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- (2017). *Mental Health: Migrant Health Guide*. GOV.UK. <https://www.gov.uk/guidance/mental-health-migrant-health-guide>
- (2021). *Modern Slavery in the UK—Office for National Statistics*. <https://www.ons.gov.uk/>
- (2021). *New Roots—Refugee Therapy—Refugee Council*. Refugee Council. <https://www.refugeecouncil.org.uk/>
- Allison, E., & Taylor, D. (2019). *Home Office Abandons Six-Month Target for Asylum Claim Decisions*. The Guardian.
- Altun, S., Abas, M., Zimmerman, C., Howard, L. M., & Oram, S. (2017). Mental Health and Human Trafficking: Responding to Survivors' Needs. *BJPsych. International*, 14, 21-23. <https://doi.org/10.1192/s205647400000163x>
- Bahu, M. (2019). War, Trauma and Culture: Working with Tamil Refugees and Asylum Seekers Using Culturally Adapted CBT. *The Cognitive Behaviour Therapist*, 12, e46. <https://doi.org/10.1017/s1754470x1900031x>
- Broad, R., & Turnbull, N. (2019). From Human Trafficking to Modern Slavery: The Development of Anti-Trafficking Policy in the Uk. *European Journal on Criminal Policy and Research*, 25, 119-133. <https://doi.org/10.1007/s10610-018-9375-4>
- Byrow, Y., Pajak, R., Specker, P., & Nickerson, A. (2020). Perceptions of Mental Health and Perceived Barriers to Mental Health Help-Seeking Amongst Refugees: A Systematic Review. *Clinical Psychology Review*, 75, Article ID: 101812. <https://doi.org/10.1016/j.cpr.2019.101812>
- Campbell, M. R., Mann, K. D., Moffatt, S., Dave, M., & Pearce, M. S. (2018). Social Determinants of Emotional Well-Being in New Refugees in the Uk. *Public Health*, 164, 72-81. <https://doi.org/10.1016/j.puhe.2018.07.022>
- Carswell, K., Blackburn, P., & Barker, C. (2011). The Relationship between Trauma, Post-Migration Problems and the Psychological Well-Being of Refugees and Asylum Seekers. *International Journal of Social Psychiatry*, 57, 107-119. <https://doi.org/10.1177/0020764008105699>

- Chuah, F. L. H., Tan, S. T., Yeo, J., & Legido-Quigley, H. (2018). The Health Needs and Access Barriers among Refugees and Asylum-Seekers in Malaysia: A Qualitative Study. *International Journal for Equity in Health*, 17, Article No. 120. <https://doi.org/10.1186/s12939-018-0833-x>
- Clifton, C. (2020). *A Comprehensive Perspective on Treating Victims of Human Trafficking*. The Professional Counselor. <https://tpcjournal.nbcc.org/a-comprehensive-perspective-on-treating-victims-of-human-trafficking/>
- Dell, N. A., Anasti, T., Preble, K. M., & Patel, H. (2024). Substance Use Disorders among Human Trafficking Victims: Evidence from the 2019 to 2021 Nationwide Emergency Department Sample. *Substance Use & Misuse*, 60, 619-627. <https://doi.org/10.1080/10826084.2024.2446724>
- Dell, N. A., Maynard, B. R., Born, K. R., Wagner, E., Atkins, B., & House, W. (2019). Helping Survivors of Human Trafficking: A Systematic Review of Exit and Postexit Interventions. *Trauma, Violence, & Abuse*, 20, 183-196. <https://doi.org/10.1177/1524838017692553>
- Dodi, M. (2019). *Shame in Shqipëri: Post-Sex Trafficked Female Experiences in Contemporary Albania*. Master's Thesis, Central European University.
- Efruan, E. M. C., Dami, Z. A., Latupeirissa, D. S., & Dethan, M. A. P. (2020). Multicultural Counselling with the Technique of Parable: A Diacognitive Analysis. *European Journal of Science and Theology*, 16, 165-176.
- Fuentes Cano, A. M. (2020). *An Analysis of First Responders' Experiences of Human Trafficking Policy in England*. Master's Thesis, University of Southampton.
- Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdam, M. J. (2017). Mental Health Stigma and Barriers to Mental Health Care for First Responders: A Systematic Review and Meta-Analysis. *Journal of Psychiatric Research*, 94, 218-229. <https://doi.org/10.1016/j.jpsychires.2017.08.001>
- Henkelmann, J.-R., de Best, S., Deckers, C., Jensen, K., Shahab, M., Elzinga, B., & Molendijk, M. (2020). Anxiety, Depression and Post-Traumatic Stress Disorder in Refugees Resettling in High-Income Countries: Systematic Review and Metaanalysis. *BJPsych Open*, 6, e68. <https://doi.org/10.1192/bjo.2020.54>
- Hileli, R., Rael Strous, M. H. A., Lewis, Y. D., & Ido Lurie, M. D. (2021). Building the Bridge: Psychiatric Treatment for Asylum-Seekers and Survivors of Human Trafficking in Israel: The Experience of the Geshet Clinic, 2014-2015. *Israel Journal of Psychiatry*, 58, 30-37.
- Home Office (2021a). *Modern Slavery: National Referral Mechanism and Duty to Notify Statistics UK, End of Year Summary 2020*. GOV.UK. <https://www.gov.uk/government/statistics/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2020>
- Home Office (2021b). *Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015)*. GOV.UK. <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>
- Hvidtfeldt, C., Petersen, J. H., & Norredam, M. (2020). Prolonged Periods of Waiting for an Asylum Decision and the Risk of Psychiatric Diagnoses: A 22-Year Longitudinal Cohort Study from Denmark. *International Journal of Epidemiology*, 49, 400-409. <https://doi.org/10.1093/ije/dyz091>

- Iglesias-Rios, L., Harlow, S. D., Burgard, S. A., West, B., Kiss, L., & Zimmerman, C. (2019). Patterns of Violence and Coercion with Mental Health among Female and Male Trafficking Survivors: A Latent Class Analysis with Mixture Models. *Epidemiology and Psychiatric Sciences*, 29, e38. <https://doi.org/10.1017/S2045796019000295>
- Jannesari, S., Molyneaux, E., & Lawrence, V. (2019). What Affects the Mental Health of People Seeking Asylum in the UK? A Narrative Analysis of Migration Stories. *Qualitative Research in Psychology*, 19, 295-315. <https://doi.org/10.1080/14780887.2019.1581311>
- Jaung, M., Jani, S., Banu, S., & Mackey, J. M. (2017). International Emergency Psychiatry Challenges: Disaster Medicine, War, Human Trafficking, Displaced Persons. *Psychiatric Clinics of North America*, 40, 565-574. <https://doi.org/10.1016/j.psc.2017.05.015>
- Jobe, A. (2020). Telling the Right Story at the Right Time: Women Seeking Asylum with Stories of Trafficking into the Sex Industry. *Sociology*, 54, 936-952. <https://doi.org/10.1177/0038038520932019>
- Kira, I. A., & Tummala-Narra, P. (2015). Psychotherapy with Refugees: Emerging Paradigm. *Journal of Loss and Trauma*, 20, 449-467. <https://doi.org/10.1080/15325024.2014.949145>
- Kohrt, B. A., Rasmussen, A., Kaiser, B. N., Haroz, E. E., Maharjan, S. M., Mutamba, B. B., de Jong, J. T. V. M., & Hinton, D. E. (2014). Cultural Concepts of Distress and Psychiatric Disorders: Literature Review and Research Recommendations for Global Mental Health Epidemiology. *International Journal of Epidemiology*, 43, 365-406. <https://doi.org/10.1093/ije/dyt227>
- Kometiani, M. K. (2019). Challenges and Future Considerations of Treatment for Sex Trafficked Survivors. In M. K. Kometiani (Ed.), *Art Therapy Treatment with Sex Trafficking Survivors* (pp. 211-227). Routledge. <https://doi.org/10.4324/9780429469671-10>
- Lehrner, A., & Yehuda, R. (2020). PTSD Diagnoses and Treatments: Closing the Gap between ICD-11 and Dsm-5. *BJPsych Advances*, 26, 153-155. <https://doi.org/10.1192/bja.2020.10>
- Lely, J. C., Smid, G. E., Jongedijk, R. A., Knipscheer, J. W., & Kleber, R. J. (2019). The Effectiveness of Narrative Exposure Therapy: A Review, Metaanalysis and Meta-Regression Analysis. *European Journal of Psychotraumatology*, 10, 1550344. <https://doi.org/10.1080/20008198.2018.1550344>
- Levine, J. A. (2017). Mental Health Issues in Survivors of Sex Trafficking. *Cogent Medicine*, 4, Article ID: 1278841. <https://doi.org/10.1080/2331205x.2017.1278841>
- Lusk, M. W., & Chavez-Baray, S. (2018). Mental Health and the Role of Culture and Resilience in Refugees Fleeing Violence. *Environment and Social Psychology*, 2, 2. <https://doi.org/10.18063/esp.v2.i1.96>
- Maercker, A., & Augsburger, M. (2019). Developments in Psychotraumatology: A Conceptual, Biological, and Cultural Update. *Clinical Psychology in Europe*, 1, e30294. <https://doi.org/10.32872/cpe.v1i1.30294>
- McBride, M. A. (2020). *Responding to Victims of Human Trafficking in the United States: A Review of Treatment Providers*. Master's Thesis, University of Nebraska.
- McLean, L., Steindl, S. R., & Bambling, M. (2018). Compassion-focused Therapy as an Intervention for Adult Survivors of Sexual Abuse. *Journal of Child Sexual Abuse*, 27, 161-175. <https://doi.org/10.1080/10538712.2017.1390718>
- Melegkovits, E., Blumberg, J., Dixon, E., Ehntholt, K., Gillard, J., Kayal, H. et al. (2022). The Effectiveness of Trauma-Focused Psychotherapy for Complex Post-Traumatic Stress Disorder: A Retrospective Study. *European Psychiatry*, 66, e4.

- <https://doi.org/10.1192/j.eurpsy.2022.2346>
- Murray, L. K., Davidson, R. T., & Schweitzer, C. R. (2010). Review of Refugee Mental Health Interventions Following Resettlement: Best Practices and Recommendations. *American Journal of Orthopsychiatry*, *80*, 576-585. <https://doi.org/10.1111/j.1939-0025.2010.01062.x>
- Nosè, M., Ballette, F., Bighelli, I., Turrini, G., Purgato, M., Tol, W. et al. (2017). Psychosocial Interventions for Post-Traumatic Stress Disorder in Refugees and Asylum Seekers Resettled in High-Income Countries: Systematic Review and Meta-Analysis. *PLOS ONE*, *12*, e0171030. <https://doi.org/10.1371/journal.pone.0171030>
- Ottisova, L., Hemmings, S., Howard, L. M., Zimmerman, C., & Oram, S. (2016). Prevalence and Risk of Violence and the Mental, Physical and Sexual Health Problems Associated with Human Trafficking: An Updated Systematic Review. *Epidemiology and Psychiatric Sciences*, *25*, 317-341. <https://doi.org/10.1017/S2045796016000135>
- Paasche, E., Skillbrei, M., & Plambech, S. (2018). Vulnerable Here or There? Examining the Vulnerability of Victims of Human Trafficking before and after Return. *Anti-Trafficking Review*, No. 10, 34-51. <https://doi.org/10.14197/atr.201218103>
- Raker, K. A., & Hromadik, L. K. (2020). Human Trafficking in the Radiology Setting. *Journal of Radiology Nursing*, *40*, 69-74. <https://doi.org/10.1016/j.jradnu.2020.10.002>
- Rees, S. (2024). *Empowering Survivors: Integrating Therapy, Self Defense, and Community Support in Post-Trafficking Care*. Powerpoint Slides.
- Robjant, K., Roberts, J., & Katona, C. (2017). Treating Posttraumatic Stress Disorder in Female Victims of Trafficking Using Narrative Exposure Therapy: A Retrospective Audit. *Frontiers in psychiatry*, *8*, Article 63.
- Rothman, E. F., Stoklosa, H., Baldwin, S. B., Chisolm-Straker, M., Kato Price, R., & Atkinson, H. G. (2017). Public Health Research Priorities to Address US Human Trafficking. *American Journal of Public Health*, *107*, 1045-1047. <https://doi.org/10.2105/ajph.2017.303858>
- Salami, T., Gordon, M., Coverdale, J., & Nguyen, P. T. (2018). What Therapies Are Favored in the Treatment of the Psychological Sequelae of Trauma in Human Trafficking Victims? *Journal of Psychiatric Practice*, *24*, 87-96. <https://doi.org/10.1097/prs.0000000000000288>
- Sangalang, C. C., Becerra, D., Mitchell, F. M., Lechuga-Peña, S., Lopez, K., & Kim, I. (2019). Trauma, Post-Migration Stress, and Mental Health: A Comparative Analysis of Refugees and Immigrants in the United States. *Journal of Immigrant and Minority Health*, *21*, 909-919. <https://doi.org/10.1007/s10903-018-0826-2>
- Slobodin, O., & de Jong, J. T. (2015). Mental Health Interventions for Traumatized Asylum Seekers and Refugees: What Do We Know about Their Efficacy? *International Journal of Social Psychiatry*, *61*, 17-26. <https://doi.org/10.1177/0020764014535752>
- Slobodin, O., Ghane, S., & De Jong, J. V. M. (2018). Developing a Culturally Sensitive Mental Health Intervention for Asylum Seekers in the Netherlands: A Pilot Study. *Intervention*, *16*, 86-94. https://doi.org/10.4103/intv.intv_2_18
- Tay, A. K., Mohsin, M., Rees, S., Steel, Z., Tam, N., Soares, Z., & Silove, D. (2019). Developing a Culturally Appropriate Narrative Therapy Intervention for Rohingya Refugees. *Intervention*, *17*, 178-184. https://doi.org/10.4103/INTV.INTV_44_18
- Tiller, J., & Reynolds, S. (2020). Human Trafficking in the Emergency Department: Improving Our Response to a Vulnerable Population. *Western Journal of Emergency Medicine*, *21*, 549-554. <https://doi.org/10.5811/westjem.2020.1.41690>
- Todres, J., & Diaz, A. (2021). COVID-19 and Human Trafficking—The Amplified Impact

- on Vulnerable Populations. *JAMA Pediatrics*, 175, 123-124.
<https://doi.org/10.1001/jamapediatrics.2020.3610>
- Tribe, R., & Thompson, K. (2009). Exploring the Three-Way Relationship between Trauma, the Refugee Experience and Mental Health: A Critical Review. *The International Journal of Social Psychiatry*, 55, 497-503.
<https://doi.org/10.1177/0020764008098360>
- Tribe, R., Sendt, K.-V., & Tracy, D. K. (2017). A Systematic Review of Psychosocial Interventions for Adult Refugees and Asylum Seekers. *Journal of Mental Health*, 28, 662-676.
<https://doi.org/10.1080/09638237.2017.1322182>
- Turrini, G., Purgato, M., Acarturk, C., Anttila, M., Au, T., Ballette, F. et al. (2019). Efficacy and Acceptability of Psychosocial Interventions in Asylum Seekers and Refugees: Systematic Review and Meta-analysis. *Epidemiology and Psychiatric Sciences*, 28, 376-388.
<https://doi.org/10.1017/s2045796019000027>
- UK Visas and Immigration (2025). *Country Policy and Information Note: Mental Healthcare, Albania, January 2025 (Accessible)*. GOV.UK.
<https://www.gov.uk/government/publications/albania-country-policy-and-information-notes/country-policy-and-information-note-mental-healthcare-albania-january-2025-accessible>
- United Nations: Office on Drugs and Crime (UN) (2021). *Human-Trafficking*.
<https://www.unodc.org/unodc/en/human-Trafficking/Human-Trafficking.html>
- Unterhitzenberger, J., Eberle-Sejari, R., Rassenhofer, M., Sukale, T., Rosner, R., & Goldbeck, L. (2015). Trauma-focused Cognitive Behavioral Therapy with Unaccompanied Refugee Minors: A Case Series. *BMC Psychiatry*, 15, Article No. 260.
<https://doi.org/10.1186/s12888-015-0645-0>
- van Dijk, D. A., Meijer, R. M., van den Boogaard, T. M., Spijker, J., Ruhé, H. G., & Peeters, F. P. M. L. (2023). Worse off by Waiting for Treatment? the Impact of Waiting Time on Clinical Course and Treatment Outcome for Depression in Routine Care. *Journal of Affective Disorders*, 322, 205-211. <https://doi.org/10.1016/j.jad.2022.11.011>
- Walsh, P. W. (2019). *Migration to the UK: Asylum and Resettled Refugees*. The Migration Observatory.
<https://barrowcadbury.org.uk/our-impact/publications-and-research/migration-to-the-uk-asylum-and-resettled-refugees/>
- Westwood, J., Howard, L. M., Stanley, N., Zimmerman, C., Gerada, C., & Oram, S. (2016). Access to, and Experiences of, Healthcare Services by Trafficked People: Findings from a Mixed-Methods Study in England. *British Journal of General Practice*, 66, e794-e801.
<https://doi.org/10.3399/bjgp16x687073>
- Wollaston, S. (2025). *The Life and Death of Jen Bridges-Chalkley: Why Did a 17-Year-Old Die Waiting for NHS Therapy?* The Guardian.
<https://www.theguardian.com/society/2025/feb/06/the-life-and-death-of-jen-bridges-chalkley-why-did-a-17-year-old-die-waiting-for-nhs-therapy>