



Barriers to Disclosure: A survivor of trafficking's journey through the immigration process

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About Us

The Detention Taskforce works to build a better system for survivors of trafficking in immigration detention, and ensure no victim of trafficking is further harmed by detention. Established by Focus on Labour Exploitation in 2019, the Taskforce is comprised of expert organisations working with, or for, victims or survivors of trafficking.¹

Introduction

This briefing summarises the recent experience of members of the Detention Taskforce on survivors of trafficking in immigration detention.

During recent years we have seen increased numbers of survivors of trafficking being detained, including straight from crossing the channel on a small boat. This has included a period of particularly high numbers of people trafficked from Vietnam being detained for processing under the Detained Asylum Casework process (in 2021), detentions for the purpose of removal to Rwanda (in 2022 and 2024) and ongoing detentions of people for removal under the UK-France Treaty.

We have seen that these groups of clients are not identified as potential victims of trafficking prior to detention or immediately on being detained. These clients experience a number of barriers to disclosing their experiences at the earliest opportunity. However, when they do disclose, their disclosures have been criticised as being 'late' or 'last minute' and treated as less credible as a result. This shows a lack of understanding of the impact of trauma on those who have been victimised.

This briefing focuses on individuals recently detained for removal to France.

1. Arrival

People who have crossed the channel by small boat describe the journey as extremely frightening. Many state they feared for their life. Sometimes the boat takes on water, some people are forced by smugglers to sit on the edge of the boat with their legs in the water. Often the boat is overcrowded. Many of the passengers cannot swim.

The small boat crossing is the final dangerous stage of an arduous journey, during which women and girls often experience sexual violence, coercion or exploitation.

People who have crossed are taken ashore and taken to Manston Short-Term Holding Facility (STHF) for processing.

2. Screening interview

While at Manston STHF applicants have their initial asylum screening interview. Medical Justice clients had these interviews the day or night of arrival or in the early hours or during the following day. They described having these interviews when they often had not eaten or slept for up to several days, felt tired, weak, confused and not comfortable. One-third of the recent 33 Medical Justice clients who were detained straight from arriving on a small boat between August and October 2025 were interviewed between midnight and 5.30am.²

The screening interview is conducted by a Home Office officer, sometimes in person and sometimes remotely. An interpreter should be arranged if needed. This is the case for the majority of people detained under this scheme. The interview is introduced by the screening officer explaining:

‘I am going to ask you some questions about your identity, family, background, travel history and some health and welfare questions. I will only ask you for a brief outline of why you are claiming asylum today. I will not be making the decision on your asylum claim. If your claim for asylum is to be considered in the UK, and if appropriate, at a later date you will be sent a letter inviting you to attend an asylum interview at which you be able to give full details of your experiences and fears. (...)’

Clients have told us that they were under the impression that this interview was only a very preliminary interview and that they would have further opportunity to explain their history, their fears, and their reasons for seeking protection in the UK and hence they limited their answers to brief points. However those detained for removal to France (and under other inadmissibility schemes) do not receive a further asylum interview.

The interview includes only one question designed to elicit disclosure of histories of trafficking:

‘By exploitation we mean things like being forced into prostitution or other forms of sexual exploitation, being forced to carry out work, or forced to commit a crime.

Have you ever been exploited or reason to believe you were going to be exploited?’

Frequently people who later report histories of exploitation have answered ‘no’ to this question. Often they report that they did not realise the question was applicable to their experience and that they thought they were only being asked about sexual exploitation.

From Hibiscus’s experience working with criminalised women at the intersection of the

immigration system and criminal justice system, women may be fearful of male officers and interpreters, especially if they have experienced sexual violence, exploitation and other forms of VAWG (violence against women and girls). It is extremely difficult to disclose these intimate details without trust or privacy. Shame, fear of judgement and cultural stigma around sexual violence can also prevent early disclosure. Black, minoritised and migrant women are more likely to be disbelieved and labelled as non-compliant.

In Helen Bamber Foundation's clinical experience, a single question asked by an official in a short screening interview will be ineffective for obtaining disclosure of human trafficking:

- a) Victims are too afraid in most cases to immediately disclose that they have been trafficked due to their fears of traffickers and reprisals taken by traffickers against themselves and/or their family members.
- b) Victims often do not comprehend that they have been 'trafficked', 'enslaved' (subjected to 'modern slavery') or 'exploited'. Although the question attempts a brief explanation of the term 'exploitation', we believe that in any situation as fraught as a brief screening interview, this explanation is insufficient, taking no account of difficulties that may be inherent in language, disabilities/learning difficulties, culture, trauma and mental health issues which are prevalent in victims of trafficking.
- c) There are issues of shame and stigma attached to disclosing any history of sexual exploitation and rape that in our collective experience requires an appropriate, trauma-informed approach with victims in order to build a working relationship of trust, preferably in a therapeutic environment.
- d) A significant proportion of survivors will not self-identify as trafficked and will not interpret what has happened to them as 'exploitation'. There are many cases in which vulnerable adults and children are unable to fully comprehend their trafficking and exploitation, and cases in which victims find it extremely difficult to understand, or confront the betrayal and deception that is involved, particularly at the earliest stages of identification.

Furthermore, UNHCR published an audit of asylum screening in the UK, in May 2023, highlighting that:

*"registration and screening records were often incomplete, inaccurate, or unreliable, and laws and published policies were not complied with. Central aspects of the screening interview were routinely delegated to interpreters. There were no formal quality assurance systems in place, and managerial oversight was limited.... For all of these reasons, there is a real risk that decisions about suitability based on information collected at screening will be flawed."*³

UNCHR found that the majority of staff had no or very limited training on how to spot vulnerability or indicators of trafficking and that "staff struggled to explain how they would identify vulnerable individuals who did not freely disclose their vulnerability". Even experienced staff were not confident that the screening interview could be used to identify victims of trafficking except in obvious cases where a claimant understood they had been trafficked and were willing to disclose it.

In a recent review of its clients detained under the UK-France Agreement, Medical Justice found that 70% of clients assessed by its independent clinicians had clinical evidence of

a history of trafficking. Yet none of these clients were identified by the Home Office as potential victims of trafficking prior to their detention.⁴

Asylum seekers will not have had access to legal advice at the point of their screening interview.

3. Entering Detention

Following the asylum screening interview, some people are transferred swiftly to an Immigration Removal Centre (IRC). The remaining people are transferred into Home Office accommodation in the community. The criteria for how this is decided is not known.

IRCs are built to Category B prison standards and our clients often describe feeling shocked and disorientated by finding them themselves in what looks and feels like a prison. On arrival they are shown around the IRC, asked various induction questions by custodial staff and are given lots of leaflets about various provisions at the IRC.

This environment replicates control and captivity for victim-survivors of trafficking and exploitation and causes severe re-traumatisation and distress.

Healthcare screening

People arriving at the IRC have an initial healthcare screening with a nurse or healthcare assistant within two hours of arrival. An interpreter should be arranged by telephone if needed, but where the person appears to speak some English, or no interpreter is available at the time, often none is arranged. Depending on the time of the person's arrival at the IRC the screening may take place during the night. During the screening the person has their height, weight and blood pressure measured and is asked a long list of screening questions including about whether they have any infectious diseases, take any medication, have any outstanding appointments, about their smoking and drinking habits, TB screening questions, etc.

They are also asked a screening question to elicit whether they have experienced torture in the past. This used to be a direct question about torture. Very recently Medical Justice has seen in some clients' healthcare records that they were asked a new, broader question about whether 'anything bad' had happened to them in their country of origin/on their way to the UK. Three out of the 5 clients whose records show that question was asked disclosed ill-treatment suggestive of possible trafficking.⁵ While this does suggest that it may be possible to encourage earlier disclosure by asking more straight-forward questions, disclosure of a history of trafficking in the healthcare screening does not necessarily result in the Home Office being informed or the person being referred into the National Referral Mechanism NRM process.

Some people disclose a history of torture (including ill-treatment by traffickers) in response to this question. When they do, this should trigger them being placed on a waiting list for an appointment with a doctor to document evidence of torture (called a 'Rule 35 assessment'. Rule 35 of the Detention Centre Rules requires the GP to notify the Home Office of detained persons who meet specific criteria of vulnerability, including having been tortured). For the three Medical Justice clients mentioned above who disclosed ill-treatment and/or trafficking indicators, however, there was no note in their medical records to suggest that they had been referred for a Rule 35 assessment. The waiting list is often several weeks long, meaning that if a history of trafficking was disclosed in response to this question this would not be known to the Home Office until several weeks later.

Were someone to disclose a history of trafficking at this stage, but not torture, there would be no mechanism for this to be further investigated or acted on at this stage.

Many clients don't recall having been asked about a torture history in their healthcare screening or indeed much about the healthcare screening. Out of 46 people who reported a history of trafficking who had medical reports completed by Medical Justice in 2024, 89% did not disclose their trafficking history during their healthcare screening and 50% did not disclose it to healthcare staff at any point in detention.⁶

Rule 34 GP assessment

The Detention Centre Rules require that each new detainee is offered an appointment with a GP within 24 hours of arriving at the IRC. The vast majority of Medical Justice's recent clients were recorded in their healthcare records to have declined this. When asked, they could not recall having been offered the appointment.

For those who have the appointment, it is brief and does not usually include any exploration of the person's history including any past trauma.

Detention Engagement Team Induction

Within a few days of arrival at the IRC (sometimes on the day of arrival) a further induction interview takes place with an officer from the Home Office team on site, called the Detention Engagement Team. The interview mostly covers practical details related to the IRC, but also includes two questions designed to elicit trauma histories including trafficking:

'22. In your country of origin, on the way to the UK, or in the UK have you ever been subject to exploitation, for example being forced into prostitution, forced labour, or did you have reason to believe you were going to be exploited? (if indicators identified capture detail and refer to NRM process)

23. Have you ever been a victim of torture and / or sexual or gender-based violence? (capture response and if YES signpost the person to Healthcare and notify responsible case worker.)

Again the explanation of what trafficking is leads with sexual exploitation and prostitution, leading to many people not recognising the relevance to their own experience where this did not include sexual exploitation. Survivors may experience sexual exploitation as a taboo topic that is challenging to share, especially in such a brief interview. Some women decline or disengage from these questions due to distrust or fear of repercussions. Most of the people supported in the context of the UK-France Agreement are men, which may influence reluctance to disclose, or the extent to which they are perceived as 'victims'. If a history of possible trafficking is identified, this should lead to a referral into the NRM process. However at this stage there is usually no external evidence available, leading to accounts often being deemed not to meet the threshold for a positive Reasonable Grounds Decision.

If someone discloses torture they are signposted to healthcare. If they contact healthcare as advised they are placed on a waiting list for a Rule 35 assessment.

4. Rule 35 assessment and report

Those who have disclosed a history of torture to the healthcare unit receive an appointment for a Rule 35 assessment with a GP. This is frequently the first time that a history of ill-

treatment or torture is explored and documented. A brief report is completed and sent to the Home Office. The template form is not designed to specifically identify histories of trafficking and there are no questions about exploitation, but where it is clear from the narrative of the torture experience that it relates to possible trafficking, the person may be referred into the NRM process by the Home Office as a result.

5. Access to Legal Advice

In theory, anyone held in an IRC can access legal advice through signing up to see a legal adviser at a Detained Duty Advice Scheme (DDAS) surgery. Representatives from various law firms on a rota visit the IRC (or telephone) to provide 30 minutes of advice and may take on the person for representation at the end of the appointment. There have been long-standing concerns about the quality of the advice provided and the lack of capacity on the part of the advisers to take on clients for representation, as documented in a recent report by the Jesuit Refugee Service.⁷ Often detained persons have to attend a number of surgery sessions before they are able to find a representative who agrees to represent them for their asylum claim.

There is no DDAS surgery at Short-term Holding Facilities, including in Manston, where people are first interviewed.

In our experience it is often only once a detained person receives legal advice and a legal representative takes a detailed history from them that histories of trafficking are identified. Until that point, our clients often don't realise the significance or relevance of their history. Referrals of Medical Justice clients into the NRM while in detention for removal to France mostly came about as a result of representations by their legal representative to the Home Office.⁸

Accelerated immigration processes

Under the UK-France Agreement, the two governments agreed to work towards an end-to-end process not exceeding 3 months from arrival to removal to France. This means that, by the time any histories of trafficking emerge, it is likely that the immigration decision process is well underway, and disclosures appear to be 'last minute'. However, this is the obvious result of the design of the process.

What's wrong with the identification process?

Barriers to Disclosure

The process, as outlined above, does not facilitate early disclosure of histories of trafficking. It is well known that it is extremely difficult for survivors to disclose their trafficking experiences and that disclosure often takes time and trust, even with better opportunities for disclosure.

Impact of trauma

Experiences of trauma often lead to the person avoiding painful reminders of the event and avoiding recalling the trauma, particularly in a context where they do not feel safe. The Modern Slavery Statutory Guidance recognises that: "A key symptom of post-traumatic stress is avoidance of trauma triggers, or of those things that cause frightening memories, flashbacks or other unpleasant physical and psychological experiences. Because of these symptoms it is likely that a potential victim will not be able to fully explain their experience until they have achieved a minimum level of psychological stability."⁹

Not identifying one's experience as trafficking: People fleeing to safety in the UK are not usually familiar with the definition of trafficking/Modern Slavery and do not necessarily recognise the significance of specific aspects of their experience. It is often only when someone familiar with the legal framework is able to take a detailed history that the understanding that these experiences equate to Modern Slavery or trafficking emerges.

The Home Office as the only available First Responder: In IRCs the only First Responder is the Home Office, the same authority which is detaining the person in order to remove them from the country. This creates a conflict of interest, making it harder for the person to build sufficient trust with the First Responder to fully disclose their experiences.

Access to independent evidence

The largest number of negative Reasonable Grounds decisions is due to the evidence threshold not being met. However, in detention, without access to legal advice, survivors have little access to independent evidence.

A Rule 35 report may provide some evidence, but is not targeted at the question of whether there is evidence of past Modern Slavery. Those who, against the odds, disclose Modern Slavery at their screening interview and DET induction, will not be able to access the Rule 35 report immediately due to waiting times.

Organisations like Medical Justice can provide medical assessments and reports but there are lengthy delays before someone can be seen and their report completed given limited capacity.

No right to reconsideration of negative National Referral Mechanism (NRM) decisions

We are extremely concerned about the recent change to the Modern Slavery Statutory Guidance which removes some people's right to have a negative decision reconsidered.¹⁰ Medical Justice very frequently see clients who have strong medical evidence supporting their account of Modern Slavery but by the time this is available, they have already received a negative decision because the evidence threshold was not met. The reasonable grounds decision threshold should be low (suspect but cannot prove) in order to provide a 'recovery'

period for people to evidence their trafficking. With a higher threshold being applied and a lack of evidence resulting in a negative decision and no access to request a reconsideration of that negative reasonable grounds decision trafficked clients who have been granted a negative decision in error will not be recognised as survivors and not receive their statutory entitlements or the support they need.

So far it appears this policy change is being implemented inconsistently with some people receiving a reconsideration and some being refused it. All those refused a reconsideration who we have seen so far have been people facing removal to France, but it is additionally concerning that it could also be applied to other countries including Albania. The Helen Bamber Foundation has highlighted the risks on return facing Albanians if forcibly removed and the specific risks facing Albanian survivors of trafficking.¹¹ As the 2025 United States State Department Trafficking in Persons report explains, in several key areas the Albanian government does not meet the minimum standards for the elimination of trafficking, which in practice mean that, survivors of trafficking are unlikely to be adequately protected against being re-trafficked.¹²

Detention does not allow for recovery

We increasingly see potential victims of trafficking who have been identified and have received a positive Reasonable Grounds decision spend their Reflection & Recovery period in detention. In very many cases the experience of detention, where one is completely under the control of others, deprived of agency and surrounded by other distressed people, is highly reminiscent of their trafficking experience. As a result, very frequently survivors experience a deterioration in their mental health. Clients detained under the UK-France Agreement described to Medical Justice clinicians experiencing nightmares, intrusive thoughts and other trauma-related symptoms directly linked to their experiences in France, including ill-treatment by traffickers or people smugglers.¹³

Immigration detention is not an environment which allows for reflection and recovery to take place, which in turn undermines the disclosure and identification process.

- 1 Detention Taskforce members: Medical Justice (Chair); Focus on Labour Exploitation (Coordinator); After Exploitation; Anti-Trafficking & Labour Exploitation Unit (ATLEU); Anti-Slavery International; Association of Visitors to Immigration Detainees (AVID); Bail for Immigration Detainees (BID); Beyond Detention; Detention Action; Duncan Lewis Solicitors; ECPAT UK; Gatwick Detainees Welfare Group; Helen Bamber Foundation; Hibiscus; Jesuit Refugee Service UK; Latin American Women's Rights Service; Snowdrop; Unseen
- 2 Medical Justice, Politics over People, January 2026, p14
- 3 Available at: <https://www.unhcr.org/uk/media/asylum-screening-uk-1>
- 4 Medical Justice, Politics over People, p16
- 5 Medical Justice, Politics over People, p21
- 6 Medical Justice, Annual-Review_2024_Final.pdf, p29
- 7 JRS UK, Accessing legal advice in detention: becoming an impossibility | JRS UK, July 2025
- 8 Medical Justice, Politics over People, p16
- 9 Modern Slavery Statutory Guidance, para 13.18
- 10 Modern Slavery: Statutory Guidance for England and Wales (under section 49 MSA) and non Statutory Guidance for Scotland and Northern Ireland. Updated 10 October 2025. Para 14.216 <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-northe#bookmark38>
- 11 Helen Bamber Foundation , Albanians seeking protection_mental health_HBF_Jan25.pdf and Dismissing Risk_April 2025.pdf
- 12 Albania - United States Department of State
- 13 Medical Justice, Politics over People, p19